

## FORM 1.997. CIVIL COVER SHEET

The civil cover sheet and the information contained in it neither replace nor supplement the filing and service of pleadings or other documents as required by law. This form must be filed by the plaintiff or petitioner with the Clerk of Court for the purpose of reporting uniform data pursuant to section 25.075, Florida Statutes. (See instructions for completion.)

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### I. CASE STYLE

IN THE CIRCUIT/COUNTY COURT OF THE ELEVENTH JUDICIAL CIRCUIT,  
IN AND FOR MIAMI-DADE COUNTY, FLORIDA

MSP Recovery Claims Series 44, LLC  
Plaintiff

Case # \_\_\_\_\_  
Judge \_\_\_\_\_

vs.

State Farm Mutual Automobile Insurance Company  
Defendant

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### II. AMOUNT OF CLAIM

Please indicate the estimated amount of the claim, rounded to the nearest dollar. The estimated amount of the claim is requested for data collection and clerical processing purposes only. The amount of the claim shall not be used for any other purpose.

- ☐ \$8,000 or less  
☒ \$8,001 - \$30,000  
☐ \$30,001- \$50,000  
☐ \$50,001- \$75,000  
☐ \$75,001 - \$100,000  
☐ over \$100,000.00

**III. TYPE OF CASE** (If the case fits more than one type of case, select the most definitive category.) If the most descriptive label is a subcategory (is indented under a broader category), place an x on both the main category and subcategory lines.

## **CIRCUIT CIVIL**

- ☐ Condominium
- ☐ Contracts and indebtedness
- ☐ Eminent domain
- ☐ Auto negligence
- ☐ Negligence—other
  - ☐ Business governance
  - ☐ Business torts
  - ☐ Environmental/Toxic tort
  - ☐ Third party indemnification
  - ☐ Construction defect
  - ☐ Mass tort
  - ☐ Negligent security
  - ☐ Nursing home negligence
  - ☐ Premises liability—commercial
  - ☐ Premises liability—residential
- ☐ Products liability
- ☐ Real Property/Mortgage foreclosure
  - ☐ Commercial foreclosure
  - ☐ Homestead residential foreclosure
  - ☐ Non-homestead residential foreclosure
  - ☐ Other real property actions
- ☐ Professional malpractice
  - ☐ Malpractice—business
  - ☐ Malpractice—medical
  - ☐ Malpractice—other professional
- ☐ Other
  - ☐ Antitrust/Trade regulation
  - ☐ Business transactions
  - ☐ Constitutional challenge—statute or ordinance
  - ☐ Constitutional challenge—proposed amendment
  - ☐ Corporate trusts
  - ☐ Discrimination—employment or other
  - ☐ Insurance claims
  - ☐ Intellectual property
  - ☐ Libel/Slander
  - ☐ Shareholder derivative action
  - ☐ Securities litigation
  - ☐ Trade secrets
  - ☐ Trust litigation

## **COUNTY CIVIL**

- ☐ Small Claims up to \$8,000
- ☒ Civil
- ☐ Real property/Mortgage foreclosure

- ☐ Replevins
- ☐ Evictions
  - ☐ Residential Evictions
  - ☐ Non-residential Evictions
- ☐ Other civil (non-monetary)

### COMPLEX BUSINESS COURT

This action is appropriate for assignment to Complex Business Court as delineated and mandated by the Administrative Order. Yes ☐ No ☒

**IV. REMEDIES SOUGHT (check all that apply):**

- ☒ Monetary;
- ☒ Nonmonetary declaratory or injunctive relief;
- ☐ Punitive

**V. NUMBER OF CAUSES OF ACTION: [ ]**

(Specify)

3

**VI. IS THIS CASE A CLASS ACTION LAWSUIT?**

- ☐ yes
- ☒ no

**VII. HAS NOTICE OF ANY KNOWN RELATED CASE BEEN FILED?**

- ☒ no
- ☐ yes If "yes," list all related cases by name, case number, and court.

**VIII. IS JURY TRIAL DEMANDED IN COMPLAINT?**

- ☒ yes
- ☐ no

**IX. DOES THIS CASE INVOLVE ALLEGATIONS OF SEXUAL ABUSE?**

- ☐ yes
- ☒ no

I CERTIFY that the information I have provided in this cover sheet is accurate to the best of my knowledge and belief, and that I have read and will comply with the requirements of Florida Rule of Judicial Administration 2.425.

Signature: s/ Natalie Marie Rico  
Attorney or party

Fla. Bar # 65046  
(Bar # if attorney)

Natalie Marie Rico  
(type or print name)

06/16/2022  
Date

IN THE COUNTY COURT OF THE  
11th JUDICIAL CIRCUIT IN AND FOR  
MIAMI-DADE COUNTY, FLORIDA

MSP Recovery Claims Series 44, LLC,

Plaintiff,

CASE NO.:

State Farm Mutual Automobile  
Insurance Company,

Defendant.

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**COMPLAINT**

Plaintiff, MSP Recovery Claims Series 44, LLC (“Plaintiff” or “MSP Recovery”) files this Complaint against State Farm Mutual Automobile Insurance Company (“Defendant”).

**OVERVIEW**

1. This is an action under Title XVIII of the Social Security Act, 42 U.S.C. § 1395 et seq., to enforce the right of reimbursement of Medicare conditional payments pursuant to 42 U.S.C. § 1395y(b) and 42 U.S.C. § 1395w-22(a)(4). MSP Recovery seeks to recover certain conditional payments of Medicare benefits that its assignor, Health First Health Plans, Inc. (“HFHP”), made with respect to medical expenses for items and services incurred by E.B.<sup>1</sup>, a Medicare beneficiary, for which Defendant was the primary payer under the Medicare Secondary Payer Act (“MSP Act”).

**PARTIES**

2. MSP Recovery is a Delaware series limited liability company with a principal place of business in Coral Gables, Florida. MSP Recovery, through its operating agreement, has standing

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<sup>1</sup> Upon the entry of a protective order, Plaintiff will file the full name of this beneficiary under seal to comply with the Health Insurance Portability and Accountability Act of 1996 and its related administrative regulations.

to file suit on behalf of its series LLCs, and through that operating agreement, MSP Recovery has the right to pursue the claims assigned by HFHP.

3. MSP Recovery has established various designated series pursuant to Delaware law in order to maintain various claims recovery assignments separate from other Company assets, and in order to account for and associate certain assets with certain particular series. Pursuant to MSP Recovery's limited liability agreement, all designated series form a part of MSP Recovery. MSP Recovery may receive assignments in the name of MSP Recovery and further associate such assignments with a particular series or may have claims assigned directly to a particular series. In either event, MSP Recovery will maintain the right to sue on behalf of each series and pursue any and all rights, benefits, and causes of action arising from assignments to a series. Any claim or suit may be brought by MSP Recovery in its own name, or it may elect to bring suit in the name of its designated series.

4. MSP Recovery's limited liability agreement provides that any rights and benefits arising from assignments to its series shall belong to MSP Recovery.

5. HFHP, contracted with the Centers for Medicare and Medicaid Services ("CMS") to administer Medicare benefits for Medicare beneficiaries who elect to enroll in the Medicare Advantage (Part C) and Medicare Prescription Drug (Part D) programs. As such, HFHP is a Medicare Advantage ("MA") organization ("MAO").

6. Series 44-20-456 is a designated series of MSP Recovery and holds the rights, pursuant to a valid assignment agreement, to pursue the claims assigned by HFHP.

7. Defendant State Farm Mutual Automobile Insurance Company is an Illinois company with its principal place of business at 1 State Farm Plaza Bloomington, IL 61710.

### **VENUE & JURISDICTION**

8. This is an action for damages that do not exceed \$30,000.00, exclusive of interest, attorneys' fees, and costs. This action is within the subject matter jurisdiction of this court.

9. Venue is appropriate within Miami-Dade County pursuant to Fla. Stat. 47.051 because the Defendant does business in the state of Florida, specifically Miami-Dade County, and has agents or other representatives in Miami-Dade County.

### **FACTUAL ALLEGATIONS**

10. HFHP contracts with CMS to provide and administer Medicare benefits for Medicare enrollees under Medicare Part C, the Medicare Advantage program.

11. E.B. is a Medicare beneficiary, who—at the time of the events giving rise to this action—resided in Bunnell, Florida.

12. E.B. elected to obtain Medicare benefits through participation in a Medicare Advantage plan administered by HFHP and was enrolled on January 11, 2017, through all times relevant to this Complaint.

13. E.B. was involved in an automobile accident on January 11, 2017. E.B. was the driver of a 2015 Chevrolet sport utility vehicle when he was involved in a collision with another driver who was operating a 2000 Volkswagen four door vehicle at the intersection of E. State Road 100 Hwy. and Landing Blvd. in Flagler County, Florida. *See* Exhibit A attached hereto.

14. As a direct and proximate result of the accident, E.B. sustained injuries, attached hereto as Exhibit B, which included:

- a. S50.812A: Abrasion of left forearm, initial encounter;
- b. R07.89: Other chest pain;
- c. S29.9XXA: Unspecified injury of thorax, initial encounter;
- d. R06.00: Dyspnea, unspecified;

- e. V89.2XXA: Person injured in unspecified motor-vehicle accident, traffic, initial encounter; and
- f. I10: Essential (primary) hypertension.

15. E.B. obtained treatment for accident-related injuries on the same date of accident, January 11, 2017, from the following medical providers: Flagler County Fire Rescue, Florida Hospital Flagler and AdventHealth Orlando. Those treatments, attached hereto as Exhibit B, included:

- a. CPT Code A0428: BIs [X];
- b. CPT Code A0425: Ground mileage [X];
- c. CPT Code 99284: Emergency dept visit;
- d. CPT Code 84484: Assay of troponin quant;
- e. CPT Code 71010: Chest x-ray 1 view frontal; and
- f. CPT Code 93005: Electrocardiogram tracing.

16. E.B.'s medical providers billed HFHP for the accident-related items and services E.B. received on January 11, 2017. The total amount of the charges was \$5,827.31.

17. HFHP made conditional payments of Medicare benefits on behalf of E.B. on January 29, 2017, February 26, 2017, April 16, 2017, April 30, 2017, July 9, 2017, July 30, 2017, August 6, 2017, and September 17, 2017. E.B.'s accident-related items and services would normally be valued at a commercially billed amount of \$5,827.31. Further, Defendants would have been billed for this amount by E.B.'s providers for accident-related items and services had HFHP not made conditional payments at a different rate. Because of this, HFHP is entitled to seek reimbursement for the commercially billed amount of \$5,827.31, because Defendants are not entitled to receive a windfall resulting from their failure to timely reimburse under the MSP Act.

18. While HFHP was making its conditional payment, E.B. simultaneously made a claim against a no-fault policy ("No-Fault Policy") issued to him by the Defendant. The No-Fault Policy provided coverage for any medical expenses resulting from the accident. E.B.'s claim included a

claim for the repayment of medical expenses, which necessarily included the conditional payments made by HFHP.

19. Defendant reported its primary payer plan status to CMS under its statutory and contractual obligations. In that report, Defendant described the accident, listed the reporting entity, identified the type of insurance coverage involved (no-fault), and admitted its primary plan status with respect to any conditional payments that an MAO made on behalf of E.B. However, Defendant failed to reimburse HFHP for E.B.'s accident-related medical expenses.

20. By virtue of the No-Fault Policy, Defendant became a primary plan with a duty to repay HFHP.

21. Medicare plans—including the private Medicare plan involved in this case—have a policy of “paying in the dark”<sup>[1]</sup> for their enrollees’ medical expenses (i.e., Medicare pays for medical expenses so that their enrollees can receive timely medical care even if another party is obligated to pay for the expenses first). However, the Trust is legally obligated to reimburse Medicare plans for those medical expenses. *See United States v. Baxter Int’l, Inc.*, 345 F.3d 866, 901 (11<sup>th</sup> Cir. 2003).

22. Under the Medicare Secondary Payer law, “[a] primary plan’s responsibility [as the primary plan] for such payment may be demonstrated by a judgment, a payment conditioned upon the recipient’s compromise, waiver, or release (whether or not there is a determination or admission of liability) of payment for items or services included in a claim against the primary plan or the primary plan’s insured, or by other means.” 42 U.S.C. § 1395y(b)(2)(B).

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<sup>[1]</sup> *See United States v. Baxter Int’l, Inc.*, 345 F.3d 866, 901 (11<sup>th</sup> Cir. 2003).



23. On January 7, 2022, Plaintiff sent the Defendant a demand letter pursuant to Florida Statute § 627.736, advising the Defendant of its rights to seek reimbursement as a Medicare and/or Medicaid assignee for E.B.'s injuries resulting from the accident that took place on January 11, 2017, and requesting information regarding the Defendant's No-Fault Policy. *See* Exhibit C attached hereto.

24. In response, Defendant sent a letter dated January 24, 2022, advising that E.B.'s claim "involves [their] policy language." *See* Exhibit D attached hereto.

25. Defendant, by virtue the No-Fault Policy, became the primary plan under the MSP Act. As such, Defendant was required to make appropriate reimbursement for the conditional Medicare benefits advanced by HFHP on behalf of E.B. Defendant was required to reimburse HFHP within 60 days of date of the payment of benefits under the No-Fault Policy. It did not.

26. The provisions governing Medicare Advantage, Medicare Part C, reference the MSP law, notably in the provisions regarding an MAO's right to charge for reimbursement of conditional benefits. 42 U.S.C. § 1395w-22(a)(4). Section 1395w-22(a)(4) provides that under circumstances in which the MSP law makes the MAO's payments secondary, the organization may charge, or authorize the actual providers to charge, the primary payer or the enrollee. It further provides that the MAO may charge, or authorize the actual providers to charge, at the rates a Workman's Compensation plan, auto or liability insurer, or No-Fault insurer, as the case may be, would ordinarily pay, unrestrained by the usual restrictions imposed by Medicare. In this case, those charges would be at least \$5,827.31.

27. No one has reimbursed HFHP for the conditional payments that HFHP advanced for items and services received by E.B. as a result of the accident.

28. Plaintiff complied with any and all conditions precedent to the filing of this action, to the extent applicable.

### **ASSIGNMENT ALLEGATIONS**

29. Plaintiff has the legal right to pursue this MSP Act claim pursuant to valid assignment agreements.

30. Effective April 28, 2016, HFHP, a Medicare Advantage organization, irrevocably assigned all rights to recover payments made on behalf of its Enrollees to MSP Recovery, LLC (the “HFHP Assignment”). The HFHP Assignment expressly provides, in pertinent part:

Client hereby irrevocably assigns, transfers, conveys, sets over and delivers to MSP Recovery, and any of its successors and assigns, any and all of Client’s right, title, ownership and interest in and to all Claims existing on the date hereof, whether based in contract, tort, statutory right, and any and all rights (including, but not limited to, subrogation) to pursue and/or recover monies for Client that Client had, may have had, or has asserted against any party in connection with the Claims and all rights and claims against primary payers and/or third parties that may be liable to Client arising from or relating to the Claims, including claims under consumer protection statutes and laws, and all information relating thereto . . . all of which shall constitute the “Assigned Claims.”

...

The transfer, grant, right, or assignment of any and all of Client’s right, title, ownership, interest and entitlements in and to the Assigned Claims shall remain the confidential and exclusive property of MSP Recovery or its assigns. This assignment is irrevocable and absolute.

HFHP Assignment.<sup>2</sup>

31. On June 12, 2017, MSP Recovery, LLC assigned all rights acquired under the HFHP Assignment to Series 16-05-456, a designated series of MSPRC (the “Series Assignment I”). The Series Assignment I states:

[T]he undersigned Assignor . . . irrevocably assigns, sells, transfers, conveys, sets

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<sup>2</sup> The agreements entered between MSP Recovery, Health First Administrative Plans, and Health First Health Plans have been the subject of much litigation over the last three years. However, the Court of Appeals for the Eleventh Circuit in *MSP Recovery Claims, Series LLC v. QBE Holdings, Inc.*, 965 F. 3d 1210 (11th Cir. 2020) held that the referenced document properly assigned the claims and is the relevant document that provided MSP standing to assert HFHP recovery rights.

over and delivers to Assignee and its successors and assigns, any and all of Assignor's right, title, ownership and interest in and to the Claims and Assigned Claims, (and all proceeds and products thereof, including any related assigned assets and assigned documents) as such terms are defined or contained in that certain (1) Assignment and (2) Addendum to the Recovery Agreement and Assignment Addendum, both given and effective April 28, 2016 and executed on June 1, 2018, by and between Health First Health Plans, Inc., a Florida corporation and Medicare Advantage Organization and party to contract number H1099 with The Centers for Medicare & Medicaid Services, as the "Client" and health plan assignor, and [MSP Recovery], a Florida limited liability company (the "Assignment"); irrespective of when the claims were vested in Client, inclusive of any and all claim(s), causes of actions, proceeds, products and distributions of any kind, and proceeds of proceeds, in respect thereof, whether based in contract, tort, statutory right, and any and all rights (including, but not limited to, subrogation) to pursue and/or recover monies that Assignor had, may have had, or has asserted against any party pursuant to the Assignment from the Client, including claims under consumer protection statutes and laws, any and all rights and claims against primary payers and/or third parties that may be liable to Client arising from or relating to the Claims and all information relating thereto.

#### Series Assignment I.

32. Further, on October 22, 2020, Series 16-05-456 entered into an assignment agreement with Series 44-20-456, a designated series of Series 44, whereby it irrevocably assigned all rights it acquired through its assignment agreement with MSP Recovery, LLC ("Series Assignment II"). The Series Assignment II was executed by individuals of majority, of sound mind, and with legal authority to bind the respective parties, and was entered into under Florida law:

[Series 16-05-456] . . . hereby irrevocably assigns, transfers, conveys, sets over, and delivers to [Series 44-20-456] and its successors and assigns, (i) any and all of Assignor's right, title, ownership, and interest in and to the [claims], as well as (ii) the "Claims" and "Assigned Claims", and all proceeds and products thereof (collectively the "Assigned Claims") as such terms are defined in the Agreements.

This Assignment includes all the Assigned Claims irrespective of when the claims were vested in HFHP, inclusive of any and all claim(s), causes of actions, proceeds, products, and distributions of any kind, and proceeds of proceeds, in respect thereof, whether based in contract, tort, statutory right, and any and all rights (including, but not limited to, subrogation) to pursue and/or recover monies that

Assignor had, may have had, or has asserted against any party, including claims under consumer protection statutes and laws, any and all rights and claims against primary payers and/or third parties that may be liable to HFHP arising from or relating to the Claims and all information relating thereto.

Series Assignment II.

33. Consideration was given between each party in executing these assignments.

34. The claim set forth in this Complaint is not subject to any carveout, exclusion, or any other limitation in law or equity that would impair Plaintiff's right to bring the claim asserted in this case.

**COUNT I**  
**PRIVATE CAUSE OF ACTION UNDER 42 U.S.C. § 1395v(b)(3)(A)**

35. Plaintiff re-alleges and incorporates herein by reference each of the allegations contained in the preceding paragraphs 1-34 as if fully set forth herein.

36. Plaintiff asserts a private cause of action pursuant to 42 U.S.C. § 1395y(b)(3)(A).

37. Defendant issued a No-Fault Policy to E.B. and was responsible for costs relating to his automobile accident but failed to provide primary payment to E.B.'s providers for the items and services for which HFHP advanced the conditional payments.

38. Defendant did not pay or provide for appropriate reimbursement to HFHP in accordance with the MSP Act and its accompanying regulations.

39. MSP Recovery, as the valid assignee of HFHP's rights, brings the private cause of action established by 42 U.S.C. § 1395y(b)(3)(A) to recover "an amount double the amount otherwise provided" for Defendant's failure to make appropriate reimbursement as required by law.

40. Pursuant to 42 U.S.C. § 1395w-22(a)(4), the “amount otherwise provided” is the amount a provider may charge “in accordance with the charges allowed under a law, plan, or policy” identified in 42 U.S.C. § 1395y(b)(2), which in this case was at least \$5,827.31.

WHEREFORE, Plaintiff demands judgment against State Farm Mutual Automobile Insurance Company as follows:

- A. a judgment awarding reimbursement of double damages for those amounts to which Plaintiff is entitled under 42 U.S.C. § 1395y(b)(3)(A);
- B. a judgment awarding Plaintiff pre-judgment and post-judgment interest consistent with the statute; and
- C. a judgment awarding Plaintiff reasonable attorneys’ fees, and such other and further relief as the Court deems just and proper under the circumstances.

**COUNT II**  
**DIRECT RIGHT OF RECOVERY PURSUANT TO 42 C.F.R. § 411.24(e)**  
**FOR BREACH OF CONTRACT**

41. Plaintiff re-alleges and incorporates herein by reference each of the allegations contained in the preceding paragraphs 1-34 as if fully set forth herein.

42. Pursuant to the MSP Act, HFHP was subrogated to the right to recover unreimbursed conditional payments from Defendant for its breach of contract with its insureds. Defendant was contractually obligated to pay for medical expenses arising out of covered automobile accidents, and it failed to fulfill that obligation. This obligation was, instead, fulfilled by HFHP.

43. Defendant failed and/or refused to make complete payments or reimbursements for E.B.’s accident-related expenses as required by its contractual obligations.

44. Defendant failed to pay for E.B.'s covered losses, and it has no reasonable proof to establish that it was not the primary plan and, therefore, not responsible for the payment.

45. Defendant's failure to pay damaged Plaintiff's assignor. Plaintiff is entitled to recover up to the statutory policy limits for the medical expenses related to the subject accidents.

WHEREFORE, Plaintiff demands judgment against State Farm Mutual Automobile Insurance Company as follows:

- A. a judgment awarding reimbursement of damages for those amounts to which Plaintiff is entitled pursuant to the direct right of recovery for breach of contract;
- B. a judgment awarding Plaintiff pre-judgment and post-judgment interest consistent with the statute; and
- C. a judgment awarding Plaintiff reasonable attorneys' fees, and such other and further relief as the Court deems just and proper under the circumstances.

**COUNT III**  
**DECLARATORY JUDGMENT**

46. Plaintiff re-alleges and incorporates herein by reference each of the allegations contained in the preceding paragraphs 1-34 as if fully set forth herein.

47. Plaintiff alleges that as part of providing Medicare benefits under the Medicare Advantage program, Plaintiff's assignor paid for items and services which were also covered by no-fault, personal injury protection, or medical payments policies issued by Defendant.

48. Defendant issued a No-Fault policy to E.B. and was responsible for medical expenses relating to his automobile accident but failed to provide primary payment to E.B.'s providers for the items and services for which HFHP advanced the conditional payments.

49. As a primary payer, Defendant had a nondelegable duty to reimburse conditional payments advanced by Medicare Participants for life-saving medical services rendered to covered persons. Defendant is liable for reimbursement of these accident-related medical expenses, even if it subsequently paid out the maximum benefits under the policies.

50. Defendant was required to timely reimburse Plaintiff's assignor for conditional payments made on behalf of E.B.'s accident-related medical expenses.

51. An actual, present, and justiciable controversy has arisen between Plaintiff and Defendant concerning its obligation to reimburse Plaintiff's assignor.

52. Plaintiff seeks a declaratory Judgment from this Court establishing that, under federal law, Defendant has a historical, present, and continuing duty to reimburse Plaintiff's assignor for payments made on behalf of E.B.'s accident-related medical expenses.

WHEREFORE, Plaintiff demands judgment against Defendant State Farm Mutual Automobile Insurance Company as follows:

- A. a judgment declaring that Defendant has a historical, present, and continuing duty to reimburse Plaintiff's assignor for unreimbursed conditional payments;
- B. a judgment awarding Plaintiff pre-judgment and post-judgment interest consistent with the statute; and
- C. a judgment awarding Plaintiff reasonable attorneys' fees, and such other and further relief as the Court deems just and proper under the circumstances.

**JURY TRIAL DEMAND**

Plaintiff hereby demands a jury trial on all counts and issues so triable within this pleading.

Respectfully submitted,  
NATALIE M. RICO, ESQ.  
JORDAN M. MACEJKA, ESQ.

Milberg Coleman Bryson Phillips Grossman, PLLC  
Attorneys for Plaintiff  
2701 S. LeJeune Road, 10<sup>th</sup> Floor  
Miami, FL 33134  
Tel.: (866) 252-0878  
Fax: (919) 600-5035  
Primary Emails: [Nrico@milberg.com](mailto:Nrico@milberg.com);  
[Jmacejka@milberg.com](mailto:Jmacejka@milberg.com)  
Secondary Email: [Amkamanga@milberg.com](mailto:Amkamanga@milberg.com)

By: /s/ *Natalie M. Rico*  
NATALIE M. RICO  
Florida Bar No. 65046



# **EXHIBIT A**

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES  
TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING  
TALLAHASSEE, FL 32399-0537

TOTAL # OF VEHICLE SECTION(S) 3

TOTAL # OF PERSON SECTION(S) 3

TOTAL # OF NARRATIVE SECTION(S) 1

CRASH DATE 01/11/17	TIME OF CRASH 11:07 AM	DATE OF REPORT 01/11/17	REPORTING AGENCY CASE NUMBER [REDACTED]	HSMV CRASH REPORT NUMBER [REDACTED]		
<b>CRASH IDENTIFIERS</b>						
COUNTY CODE 61	CITY CODE 53	COUNTY OF CRASH Flagler	PLACE OR CITY OF CRASH Palm Coast	CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>	TIME REPORTED 11:07 AM	TIME DISPATCHED 11:13 AM
TIME ON SCENE 11:28 AM	TIME CLEARED SCENE 12:31 PM	CHECK IF COMPLETED <input checked="" type="checkbox"/>	REASON (If Investigation NOT Complete)			Notified By: 1 Motorist 2 Law Enforcement <input checked="" type="checkbox"/>
<b>ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)</b>						
CRASH OCCURRED ON STREET, ROAD, HIGHWAY E State Road 100 HWY			AT STREET ADDRESS # 1	AT LATITUDE 2	AND LONGITUDE	
FEET	MILES	N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY 3 Landing BLVD			OR FROM MILEPOST # 4
<b>Road System Identifier</b> 3 1 Interstate 2 U.S. 3 State 4 County 5 Local 6 Turnpike/Toll		<b>Type of Shoulder</b> 2 1 Paved 2 Unpaved 3 Curb		<b>Type of Intersection</b> 3 1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection 5 Traffic Circle 6 Roundabout 7 Five-Point, or More 77 Other, Explain in Narrative		
<b>CRASH INFORMATION (CHECK IF PICTURES TAKEN)</b>						
<b>Light Condition</b> 1 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted 5 Dark-Not Lighted 6 Dark-Unknown 7 Lighting 77 Other, Explain in Narrative 88 Unknown		<b>Weather Condition</b> 1 1 Clear 2 Cloudy 3 Rain 4 Fog, Smog, Smoke 5 Sleet/Hail/ Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative		<b>Roadway Surface Condition</b> 1 1 Dry 2 Wet 4 Ice/Frost 5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/ moving) 77 Other, Explain in Narrative 88 Unknown		<b>School Bus Related</b> 1 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved
<b>Manner of Collision/Impact</b> 1 1 4 Sideswipe, Same Direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown 1 Front to Rear 2 Front to Front 3 Angle						
<b>First Harmful Event</b> 14 1 On Roadway 2 Off Roadway 3 Shoulder 4 Median 6 Gore 7 Separator 8 In Parking Lane or Zone 9 Outside Right-of-way 10 Roadside 88 Unknown		<b>Non-Collision</b> 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision		<b>Collision Non-Fixed Object</b> 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo 18 Other Non-Fixed Object		<b>Collision with Fixed Object</b> 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier 30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)
<b>First Harmful Event Relation to Junction</b> 3 1 Non-Junction 2 Intersection 3 Intersection-Related 4 Driveway/Alley Access Related 5 Railway Grade Crossing 14 Entrance/Exit Ramp 15 Crossover - Related 16 Shared-Use Path or Trail 17 Acceleration/Deceleration Lane 18 Through Roadway 77 Other, Explain in Narrative 88 Unknown		<b>Contributing Circumstances: Road</b> 1 1 None 4 Work Zone (construction/ maintenance/utility) 6 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps 9 Worn, Travel-Polished Surface 10 Road Surface Condition (wet, icy, snow, slush, etc.) 11 Obstruction in Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non-Highway Work 77 Other, Explain in Narrative 88 Unknown		<b>Contributing Circumstances: Environment</b> 1 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown		
<b>Work Zone Related</b> 1 1 No 2 Yes 88 Unknown		<b>Crash in Work Zone</b> 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area		<b>Type of Work Zone</b> 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative		<b>Workers in Work Zone</b> 1 1 No 2 Yes 88 Unknown
<b>Law Enforcement in Work Zone</b> 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present						
<b>WITNESSES</b>						
NAME		ADDRESS		CITY & STATE		ZIP CODE
NAME		ADDRESS		CITY & STATE		ZIP CODE
NAME		ADDRESS		CITY & STATE		ZIP CODE
<b>NON VEHICLE PROPERTY DAMAGE</b>						
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE ZIP CODE
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE ZIP CODE

<b>VEHICLE #</b> 1		<b>Check if Commercial</b> <input type="checkbox"/>		<b>REPORTING AGENCY CASE NUMBER</b>		<b>HSMV CRASH REPORT NUMBER</b>	
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		<b>VEHICLE LICENSE NUMBER</b>	<b>STATE</b> FL	<b>REGISTRATION EXPIRES</b> 12/ 03/ 17	<b>Check if Permanent Registration</b> <input checked="" type="checkbox"/>	<b>VIN</b>	
<b>Hit and Run</b> 1 No 2 Yes 88 Unknown	<b>YEAR</b> 2000	<b>MAKE</b> Volkswagen	<b>MODEL</b>	<b>STYLE</b> 4 Door	<b>COLOR</b> Black	<b>DAMAGE:</b> 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None	<b>EST. AMOUNT</b> 5000
<b>INSURANCE COMPANY</b> GEICO GENERAL INSURANCE COMPANY		<b>INSURANCE POLICY NUMBER</b> 1125225407		<b>Towed due to Damage:</b> 1 No 2 Yes	<b>VEHICLE REMOVED BY</b> SAXONS TOWING		<b>1 Rotation</b> 2 Owner Request 3 Driver 77 Other, Explain in Narrative
<b>NAME OF VEHICLE OWNER</b> (Check if Business) <input type="checkbox"/>		<b>CURRENT ADDRESS</b>		<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>	
<b>TRAILER #</b>	<b>LICENSE NUMBER</b>	<b>STATE</b>	<b>REGISTRATION EXPIRES</b>	<b>Check if Permanent Registration</b> <input type="checkbox"/>	<b>VIN</b>	<b>YEAR</b>	<b>MAKE</b>
<b>TRAILER #</b>	<b>LICENSE NUMBER</b>	<b>STATE</b>	<b>REGISTRATION EXPIRES</b>	<b>Check if Permanent Registration</b> <input type="checkbox"/>	<b>VIN</b>	<b>YEAR</b>	<b>MAKE</b>
<b>VEHICLE</b> N S E W Off-Road Unknown		<b>ON STREET, ROAD, HIGHWAY</b>				<b>AT EST. SPEED</b>	<b>POSTED SPEED</b>
TRAVELING <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		State Highway 100				30	50
<b>HAZ. MAT. RELEASED</b> 1 No 2 Yes 88 Unknown		<b>HAZ. MAT. PLACARD</b> 1 No 2 Yes 88 Unknown		<b>HAZ. MAT. NUMBER</b>		<b>HAZ. MAT. CLASS</b>	
<b>MOTOR CARRIER NAME</b>		<b>US DOT NUMBER</b>		<b>Area of Initial Impact</b>		<b>Most Damaged Area</b>	
<b>MOTOR CARRIER ADDRESS</b>		<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>		<b>PHONE NUMBER</b>	
<b>Vehicle Body Type</b> 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		<b>Trafficway</b> 1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown		<b>Commercial Motor Vehicle Configuration</b> 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double		<b>Cargo Body Type</b> 3 Van/Enclosed Box 4 Hopper 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log	
<b>Comm/Non-Commercial</b> 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		<b>Trailer Type</b> 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		<b>Trailer Type</b> 8 Pole Trailer 9 Towed Vehicle 10 Auto Transport 77 Other, Explain in Narrative 88 Unknown		<b>Emergency Vehicle Use</b> 1 No 2 Yes 88 Unknown	
<b>Most Harmful Event</b> 14		<b>Non-Collision</b> 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/ Canal 9 Other Non-Collision		<b>Collision with Non-Fixed Object</b> 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object		<b>Collision Fixed Object</b> 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End	
<b>Sequence of Events</b> 1st 14 2nd 3rd 4th		<b>Vehicle Maneuver Action</b> 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/ Passing 13 Stopped in Traffic 14 Slowing 15 Negotiating a Curve 16 Leaving Traffic Lane 17 Entering Traffic Lane 77 Other, Explain in Narrative 88 Unknown		<b>Traffic Control Device For This Vehicle</b> 5 1 No Controls 4 School Zone Sign/ Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign		<b>Vehicle Defects</b> 1 12 Suspension 13 Wheels 14 Windows/ Windshield 15 Mirrors 16 Truck Coupling/ Trailer Hitch/ Safety Chains 77 Other, Explain in Narrative 88 Unknown	
<b>Roadway Grade</b> 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		<b>Roadway Alignment</b> 1 Straight 2 Curve Right 3 Curve Left		<b>Special Function of Motor Vehicle</b> 1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military 9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus 14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown		<b>VIOLATIONS</b>	
<b>PERSON #</b> 1	<b>NAME OF VIOLATOR</b>		<b>FL STATUTE NUMBER</b> 316.1925.1 non-ucr	<b>CHARGE</b> Careless Driving		<b>CITATION NUMBER</b>	
<b>PERSON #</b>	<b>NAME OF VIOLATOR</b>		<b>FL STATUTE NUMBER</b>	<b>CHARGE</b>		<b>CITATION NUMBER</b>	
<b>PERSON #</b>	<b>NAME OF VIOLATOR</b>		<b>FL STATUTE NUMBER</b>	<b>CHARGE</b>		<b>CITATION NUMBER</b>	

<b>VEHICLE #</b> 2		<b>Check if Commercial</b> <input type="checkbox"/>		<b>REPORTING AGENCY CASE NUMBER</b>		<b>HSMV CRASH REPORT NUMBER</b>	
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		<b>VEHICLE LICENSE NUMBER</b>	<b>STATE</b> FL	<b>REGISTRATION EXPIRES</b> 01/25/18	<b>Check if Permanent Registration</b> <input checked="" type="checkbox"/>	<b>VIN</b>	
<b>Hit and Run</b> 1 No 2 Yes 88 Unknown	<b>YEAR</b> 2015	<b>MAKE</b> Chevrolet	<b>MODEL</b>	<b>STYLE</b> Sport Utility	<b>COLOR</b> Blue	<b>DAMAGE:</b> 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None	<b>EST. AMOUNT</b> 5000
<b>INSURANCE COMPANY</b> State Farm		<b>INSURANCE POLICY NUMBER</b> 9676185-A31-59E 4		<b>Towed due to Damage:</b> 1 No 2 Yes	<b>VEHICLE REMOVED BY</b> SAXONS TOWING		<b>1 Rotation</b> 2 Owner Request 3 Driver 77 Other, Explain in Narrative
<b>NAME OF VEHICLE OWNER</b> (Check if Business) <input type="checkbox"/>		<b>CURRENT ADDRESS</b>		<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>	
<b>TRAILER #</b>	<b>LICENSE NUMBER</b>	<b>STATE</b>	<b>REGISTRATION EXPIRES</b>	<b>Check if Permanent Registration</b> <input type="checkbox"/>	<b>VIN</b>	<b>YEAR</b>	<b>MAKE</b>
<b>TRAILER #</b>	<b>LICENSE NUMBER</b>	<b>STATE</b>	<b>REGISTRATION EXPIRES</b>	<b>Check if Permanent Registration</b> <input type="checkbox"/>	<b>VIN</b>	<b>YEAR</b>	<b>MAKE</b>
<b>VEHICLE</b> N S E W Off-Road Unknown		<b>ON STREET, ROAD, HIGHWAY</b> State Highway 100				<b>AT EST. SPEED</b> 0	<b>POSTED SPEED</b> 55
<b>HAZ. MAT. RELEASED</b> 1 No 2 Yes 88 Unknown		<b>HAZ. MAT. PLACARD</b> 1 No 2 Yes 88 Unknown		<b>HAZ. MAT. NUMBER</b>		<b>HAZ. MAT. CLASS</b>	
<b>MOTOR CARRIER NAME</b>		<b>US DOT NUMBER</b>		<b>Area of Initial Impact</b>		<b>Most Damaged Area</b>	
<b>MOTOR CARRIER ADDRESS</b>		<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>		<b>PHONE NUMBER</b>	
<b>Vehicle Body Type</b> 16 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		<b>Trafficway</b> 4 1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown		<b>Commercial Motor Vehicle Configuration</b> 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double		<b>Cargo Body Type</b> 13 Intermodal Container Chassis 14 Vehicle Towing Another Vehicle 15 Not Applicable (vehicle 10,000 lbs (4,536 kg) or less not displaying HM placard) 77 Other, Explain in Narrative 88 Unknown	
<b>Comm/Non-Commercial</b> 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		<b>Trailer Type</b> 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		<b>Trailer Type</b> 8 Pole Trailer 9 Towed Vehicle 10 Auto Transport 77 Other, Explain in Narrative 88 Unknown		<b>Comm GVWR/GCWR</b> 1 10,000 lbs (4,536 kg) or less 2 10,001-26,000 lbs (4,536-11,793 kg) 3 More than 26,000 lbs (11,793 kg) 4 Not Applicable	
<b>Most Harmful Event</b> 14 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/ Canal 9 Other Non-Collision		<b>Non-Collision</b> 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object		<b>Collision with Non-Fixed Object</b> 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object		<b>Collision Fixed Object</b> 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End	
<b>Sequence of Events</b> 1st 14 2nd 3rd 4th		<b>Vehicle Maneuver Action</b> 13 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/Passing		<b>Traffic Control Device For This Vehicle</b> 5 1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign		<b>Vehicle Defects</b> 1 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train	
<b>Roadway Grade</b> 1 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		<b>Roadway Alignment</b> 1 1 Straight 2 Curve Right 3 Curve Left		<b>Special Function of Motor Vehicle</b> 1 1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military		<b>Emergency Vehicle Use</b> 1 1 No 2 Yes 88 Unknown	
<b>VIOLATIONS</b>							
<b>PERSON #</b>	<b>NAME OF VIOLATOR</b>	<b>FL STATUTE NUMBER</b>	<b>CHARGE</b>	<b>CITATION NUMBER</b>			
<b>PERSON #</b>	<b>NAME OF VIOLATOR</b>	<b>FL STATUTE NUMBER</b>	<b>CHARGE</b>	<b>CITATION NUMBER</b>			
<b>PERSON #</b>	<b>NAME OF VIOLATOR</b>	<b>FL STATUTE NUMBER</b>	<b>CHARGE</b>	<b>CITATION NUMBER</b>			

<b>VEHICLE #</b> 3		<b>Check if Commercial</b> <input type="checkbox"/>		<b>REPORTING AGENCY CASE NUMBER</b>		<b>HSMV CRASH REPORT NUMBER</b>	
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		<b>VEHICLE LICENSE NUMBER</b>		<b>STATE</b> FL	<b>REGISTRATION EXPIRES</b> 12/31/17	<b>Check if Permanent Registration</b> <input type="checkbox"/>	<b>VIN</b>
Hit and Run 1 No 2 Yes 88 Unknown		<b>YEAR</b> 2008	<b>MAKE</b> Ford	<b>MODEL</b> F-150	<b>STYLE</b> Pick Up Truck	<b>COLOR</b> Blue	<b>DAMAGE:</b> 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None
<b>INSURANCE COMPANY</b> UNK		<b>INSURANCE POLICY NUMBER</b>		<b>Towed due to Damage:</b> 1 No 2 Yes		<b>VEHICLE REMOVED BY</b>	
<b>NAME OF VEHICLE OWNER</b> (Check if Business) <input type="checkbox"/>		<b>CURRENT ADDRESS</b>		<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>	
<b>TRAILER #</b>	<b>LICENSE NUMBER</b>	<b>STATE</b>	<b>REGISTRATION EXPIRES</b>	<b>Check if Permanent Registration</b> <input type="checkbox"/>	<b>VIN</b>	<b>YEAR</b>	<b>MAKE</b>
<b>TRAILER #</b>	<b>LICENSE NUMBER</b>	<b>STATE</b>	<b>REGISTRATION EXPIRES</b>	<b>Check if Permanent Registration</b> <input type="checkbox"/>	<b>VIN</b>	<b>YEAR</b>	<b>MAKE</b>
<b>VEHICLE</b> N S E W Off-Road Unknown		<b>ON STREET, ROAD, HIGHWAY</b>				<b>AT EST. SPEED</b>	<b>POSTED SPEED</b>
TRAVELING <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		State Road 100				0	55
<b>HAZ. MAT. RELEASED</b> 1 No 2 Yes 88 Unknown		<b>HAZ. MAT. PLACARD</b> 1 No 2 Yes 88 Unknown		<b>HAZ. MAT. NUMBER</b>		<b>HAZ. MAT. CLASS</b>	
<b>MOTOR CARRIER NAME</b>		<b>US DOT NUMBER</b>		<b>Area of Initial Impact</b>		<b>Most Damaged Area</b>	
<b>MOTOR CARRIER ADDRESS</b>		<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>		<b>PHONE NUMBER</b>	
<b>Vehicle Body Type</b> 3 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		<b>Trafficway</b> 1 1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown		<b>Commercial Motor Vehicle Configuration</b> 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double		<b>Cargo Body Type</b> 3 Van/Enclosed Box 4 Hopper 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log	
<b>Comm/Non-Commercial</b> 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		<b>Trailer Type</b> 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		<b>Trailer Type</b> 8 Pole Trailer 9 Towed Vehicle 10 Auto Transport 77 Other, Explain in Narrative 88 Unknown		<b>Emergency Vehicle Use</b> 1 1 No 2 Yes 88 Unknown	
<b>Most Harmful Event</b> 14 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/ Canal 9 Other Non-Collision		<b>Collision with Non-Fixed Object</b> 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object		<b>Collision Fixed Object</b> 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End		<b>Vehicle Defects</b> 12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown	
<b>Sequence of Events</b> 1st 14 2nd 3rd 4th		<b>Vehicle Maneuver Action</b> 13 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/Passing		<b>Traffic Control Device For This Vehicle</b> 5 1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign		<b>Vehicle Defects</b> 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train	
<b>Roadway Grade</b> 1 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		<b>Roadway Alignment</b> 1 1 Straight 2 Curve Right 3 Curve Left		<b>Special Function of Motor Vehicle</b> 1 1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military		<b>Special Function of Motor Vehicle</b> 9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus	
<b>Special Function of Motor Vehicle</b> 1 1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military		<b>Special Function of Motor Vehicle</b> 9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus		<b>Special Function of Motor Vehicle</b> 14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown		<b>Special Function of Motor Vehicle</b> 14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown	
<b>VIOLATIONS</b>							
<b>PERSON #</b>	<b>NAME OF VIOLATOR</b>	<b>FL STATUTE NUMBER</b>	<b>CHARGE</b>	<b>CITATION NUMBER</b>			
<b>PERSON #</b>	<b>NAME OF VIOLATOR</b>	<b>FL STATUTE NUMBER</b>	<b>CHARGE</b>	<b>CITATION NUMBER</b>			
<b>PERSON #</b>	<b>NAME OF VIOLATOR</b>	<b>FL STATUTE NUMBER</b>	<b>CHARGE</b>	<b>CITATION NUMBER</b>			

<b>PERSON #</b> 1		<b>REPORTING AGENCY CASE NUMBER</b>		<b>HSMV CRASH REPORT NUMBER</b>																								
1 Driver 2 Non-Motorist 3 Passenger		<b>VEHICLE #</b> 1	<b>NAME</b>	<b>PHONE NUMBER</b>	Check if Recommend <input type="checkbox"/> Driver Re-exam <input type="checkbox"/>																							
<b>CURRENT ADDRESS (Number and Street)</b>			<b>CITY &amp; STATE</b>		<b>ZIP CODE</b> 32110																							
<b>DATE OF BIRTH</b>	<b>SEX:</b> 1 Male 2 Female 88 Unknown	<b>DRIVER LICENSE NUMBER</b>	<b>STATE</b> FL	<b>EXPIRES</b> 10/ 09/ 24	<b>INJURY SEVERITY (INJ)</b> 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality																							
<b>DRIVER</b>																												
<b>DL Type</b> 5 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None		<b>Required Endorsements</b> 3 1 Yes 2 No 3 No Req. Endorsement		<b>Driver's Actions at Time of Crash</b> 1st 10 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Turn 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action																								
<b>Driver Distracted By</b> 1 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		<b>4 Other Inside the Vehicle (explain in narrative)</b> 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		<b>Condition At Time of Crash</b> 1 1 Apparently Normal 2 Asleep or Fatigued 3 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown																								
<b>Driver Vision Obstructions</b> 1 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog		9 Smoke 10 Glare 77 All Other, Explain in Narrative																								
<b>DRIVER OR PASSENGER</b>																												
<b>Motor Vehicle Seating Position:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Seat</th> <th>Row</th> <th>Other</th> </tr> <tr> <td>1 Left</td> <td>1 Front</td> <td>1 Not Applicable</td> </tr> <tr> <td>2 Middle</td> <td>2 Second</td> <td>2 Sleeper Section of Truck Cab</td> </tr> <tr> <td>3 Right</td> <td>3 Third</td> <td>3 Other Enclosed Cargo Area</td> </tr> <tr> <td>77 Other (explain in narrative)</td> <td>4 Fourth</td> <td>4 Unenclosed Cargo Area</td> </tr> <tr> <td>88 Unknown</td> <td>77 Other Row</td> <td>5 Trailing Unit</td> </tr> <tr> <td></td> <td>88 Unknown</td> <td>6 Riding on Motor Vehicle Exterior (non-trailing unit)</td> </tr> <tr> <td></td> <td></td> <td>88 Unknown</td> </tr> </table>		Seat	Row	Other	1 Left	1 Front	1 Not Applicable	2 Middle	2 Second	2 Sleeper Section of Truck Cab	3 Right	3 Third	3 Other Enclosed Cargo Area	77 Other (explain in narrative)	4 Fourth	4 Unenclosed Cargo Area	88 Unknown	77 Other Row	5 Trailing Unit		88 Unknown	6 Riding on Motor Vehicle Exterior (non-trailing unit)			88 Unknown	<b>LOCATION: SEAT ROW OTHER (LOC)</b> 1 1 1		<b>Helmet Use (HU)</b> 3 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet
Seat	Row	Other																										
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		88 Unknown																										
		<b>Eye Protection (EP)</b> 3 1 Yes 2 No 3 Not Applicable		<b>Restraint Systems (RS)</b> 3 1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative																								
		<b>Air Bag Deployed (ABD)</b> 3 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side		5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown																								
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<b>PERSON #</b> 2		<b>REPORTING AGENCY CASE NUMBER</b> [REDACTED]		<b>HSMV CRASH REPORT NUMBER</b> [REDACTED]	
1 Driver 2 Non-Motorist 3 Passenger	<b>VEHICLE #</b> 1	<b>NAME</b> [REDACTED]		<b>PHONE NUMBER</b> [REDACTED]	<b>Check if Recommended Driver Re-exam</b> <input type="checkbox"/>
<b>CURRENT ADDRESS (Number and Street)</b> [REDACTED]			<b>CITY &amp; STATE</b> [REDACTED]		<b>ZIP CODE</b> [REDACTED]
<b>DATE OF BIRTH</b> [REDACTED]	<b>SEX:</b> 1 Male 2 Female 88 Unknown	<b>DRIVER LICENSE NUMBER</b> [REDACTED]	<b>STATE</b> FL	<b>EXPIRES</b> 01/ 25/ 20	<b>INJURY SEVERITY (INJ)</b> 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality
<b>DRIVER</b>					
<b>DL Type</b> 5	<b>Required Endorsements</b> 3		<b>Driver's Actions at Time of Crash</b>		<b>Condition At Time of Crash</b> 1
<b>Driver Distracted By</b> 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		<b>1st</b> 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Turn 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane		<b>3rd</b> 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action	<b>4th</b> [REDACTED]
<b>Driver Vision Obstructions</b> 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		<b>2nd</b> 4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		<b>Condition At Time of Crash</b> 1 Apparently Normal 2 Asleep or Fatigued 3 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown	
<b>DRIVER OR PASSENGER</b>		<b>DRIVER OR PASSENGER</b>			
<b>Motor Vehicle Seating Position:</b> Seat Row Other 1 Left 1 Front 1 Not Applicable 2 Middle 2 Second 2 Sleeper Section of Truck Cab 3 Right 3 Third 3 Other Enclosed Cargo Area 77 Other 4 Fourth 4 Unenclosed Cargo Area 88 Unknown 77 Other Row 5 Trailing Unit 88 Unknown 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown 88 Unknown		<b>LOCATION: SEAT ROW OTHER (LOC)</b> 1 1 1		<b>DRIVER OR PASSENGER</b>	
<b>Safety Equipment</b> 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown		<b>Non-Motorist Description</b> 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist		<b>Non-Motorist Location At Time of Crash</b> 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside 8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown	
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<b>SUSPECTED ALCOHOL USE:</b> 1 No 2 Yes 88 Unknown	<b>ALCOHOL TESTED:</b> 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	<b>ALCOHOL TEST TYPE:</b> 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	<b>ALCOHOL TEST RESULT:</b> 1 Pending 2 Completed 88 Unknown	<b>BAC</b> [REDACTED]	<b>SUSPECTED DRUG USE:</b> 1 No 2 Yes 88 Unknown
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<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b> 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		<b>EMS AGENCY NAME OR ID</b> Rescue 11		<b>EMS RUN NUMBER</b> [REDACTED]	
<b>MEDICAL FACILITY TRANSPORTED TO</b> FHF					
<b>ADDITIONAL PASSENGERS</b>					
<b>PERSON #</b>	<b>VEHICLE #</b>	<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>INJ</b>	<b>SEX</b>
<b>CURRENT ADDRESS (Number and Street)</b>			<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>
<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b> 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative			<b>EMS AGENCY NAME OR ID</b>		<b>EMS RUN NUMBER</b>
<b>MEDICAL FACILITY TRANSPORTED TO</b>					
<b>PERSON #</b>	<b>VEHICLE #</b>	<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>INJ</b>	<b>SEX</b>
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<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b> 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative			<b>EMS AGENCY NAME OR ID</b>		<b>EMS RUN NUMBER</b>
<b>MEDICAL FACILITY TRANSPORTED TO</b>					

<b>PERSON #</b> 3		<b>REPORTING AGENCY CASE NUMBER</b> [REDACTED]		<b>HSMV CRASH REPORT NUMBER</b> [REDACTED]	
1 Driver 2 Non-Motorist 3 Passenger	<b>VEHICLE #</b> 1	<b>NAME</b> [REDACTED]		<b>PHONE NUMBER</b> [REDACTED]	Check if Recommend Driver Re-exam <input type="checkbox"/>
<b>CURRENT ADDRESS (Number and Street)</b> [REDACTED]			<b>CITY &amp; STATE</b> [REDACTED]		<b>ZIP CODE</b> [REDACTED]
<b>DATE OF BIRTH</b> [REDACTED]	<b>SEX:</b> 1 Male 2 Female 88 Unknown	<b>DRIVER LICENSE NUMBER</b> [REDACTED]	<b>STATE</b> FL	<b>EXPIRES</b> 01/ 14/ 18	<b>INJURY SEVERITY (INJ)</b> 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality
<b>DRIVER</b>					
<b>DL Type</b> 5 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None	<b>Required Endorsements</b> 3 1 Yes 2 No 3 No Req. Endorsement	<b>Driver's Actions at Time of Crash</b>		<b>Condition At Time of Crash</b> 1 1 Apparently Normal 2 Asleep or Fatigued 3 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown	
<b>Driver Distracted By</b> 1 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		<b>4 Other Inside the Vehicle (explain in narrative)</b> 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		<b>1st</b> 1 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Turn 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane	
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<b>DRIVER OR PASSENGER</b>					
<b>Motor Vehicle Seating Position:</b>		<b>LOCATION: SEAT ROW OTHER (LOC)</b> 1 1		<b>Helmet Use (HU)</b> [REDACTED] 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	
<b>Seat Row Other</b> 1 Left 1 Front 2 Middle 2 Second 3 Right 3 Third 77 Other 77 Other Row (explain in narrative) 88 Unknown 88 Unknown		<b>1 Not Applicable</b> 2 Sleeper Section of Truck Cab 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown		<b>Eye Protection (EP)</b> [REDACTED] 1 Yes 2 No 3 Not Applicable	
<b>Ejection (EJECT)</b> 1 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown		<b>Air Bag Deployed (ABD)</b> 2 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side		<b>5 Deployed-Other (knee, air belt, etc.)</b> 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown	
<b>NON-MOTORIST</b>					
<b>Non-Motorist Description</b> [REDACTED] 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist		<b>Non-Motorist Location At Time of Crash</b> [REDACTED] 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside		<b>Action Prior to Crash</b> [REDACTED] 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway - Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown	
<b>Safety Equipment</b> [REDACTED] 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown		<b>Non-Motorist Actions/Circumstances</b> 1st [REDACTED] 2nd [REDACTED] 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching)		<b>7 Entering/Exiting Parked/Standing Vehicle</b> 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.)	
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<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b> 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		<b>EMS AGENCY NAME OR ID</b> [REDACTED]		<b>EMS RUN NUMBER</b> [REDACTED]	
<b>MEDICAL FACILITY TRANSPORTED TO</b> [REDACTED]					
<b>ADDITIONAL PASSENGERS</b>					
<b>PERSON #</b>	<b>VEHICLE #</b>	<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>INJ</b>	<b>SEX</b>
<b>CURRENT ADDRESS (Number and Street)</b>			<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>
<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b> 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative			<b>EMS AGENCY NAME OR ID</b>		<b>EMS RUN NUMBER</b>
<b>MEDICAL FACILITY TRANSPORTED TO</b>					
<b>PERSON #</b>	<b>VEHICLE #</b>	<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>INJ</b>	<b>SEX</b>
<b>CURRENT ADDRESS (Number and Street)</b>			<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>
<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b> 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative			<b>EMS AGENCY NAME OR ID</b>		<b>EMS RUN NUMBER</b>
<b>MEDICAL FACILITY TRANSPORTED TO</b>					



**NARRATIVE**

REPORTING AGENCY CASE NUMBER

HSMV CRASH REPORT NUMBER

V-2 and V-3 were stopped at the traffic light waiting for the traffic signal to turn green. Both vehicles were in the center lane to continue east bound on State Road 100. V1 was traveling east bound on State Road 100 in the center lane and the driver failed to stop at the red traffic light and collided with V2 in the rear center. This impact caused V2 to be pushed into V3 and collide with the left rear of the vehicle.

The drivers of V1 and V2 were transported to FHF by Rescue 11 for evaluation. The driver of V1 was issued a citation ([REDACTED]) for careless driving.

**ADDITIONAL PASSENGERS**

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)			CITY & STATE			ZIP CODE							

SOURCE OF TRANSPORT TO MEDICAL FACILITY

1 Not Transported  
2 EMS 3 Law Enforcement  
77 Other, Explain in Narrative 88 Unknown

EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)			CITY & STATE			ZIP CODE							

SOURCE OF TRANSPORT TO MEDICAL FACILITY

1 Not Transported  
2 EMS 3 Law Enforcement  
77 Other, Explain in Narrative 88 Unknown

EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

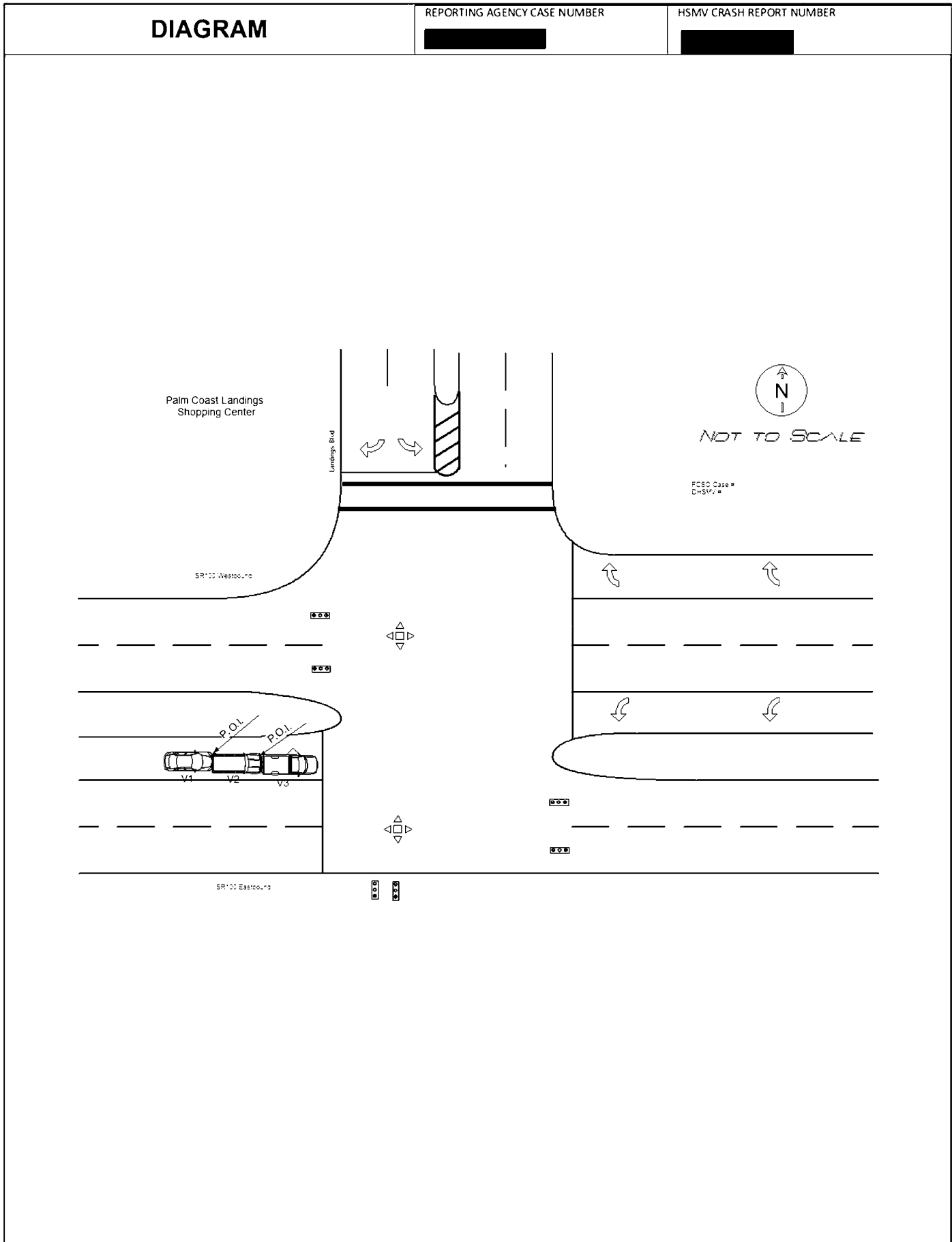
**ADDITIONAL VIOLATIONS**

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

**REPORTING OFFICER**

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
345	Deputy Erik Raymond Pedersen	Flagler County	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HSMV 90010 S (N/D) (rev 06/13)



# **EXHIBIT B**

llr-id	msp_all_prov	msp_mrd_id	msp_client	msp_memb_dob	msp_dos
LLR128963	FL 1769 E MOODY BLVD BUNNELL 32110-5991 BLDG 3 3864377399 3863134000 000000202642 FLAGLER COUNTY FIRE RESCUE 1851400881	████████	HFAP-HFAP	████████	1/11/2017
LLR128963	FL 1769 E MOODY BLVD BUNNELL 32110-5991 BLDG 3 3864377399 3863134000 000000202642 FLAGLER COUNTY FIRE RESCUE 1851400881	████████	HFAP-HFAP	████████	1/11/2017
LLR128963	FL 1769 E MOODY BLVD BUNNELL 32110-5991 BLDG 3 3864377399 3863134000 000000202642 FLAGLER COUNTY FIRE RESCUE 1851400881	████████	HFAP-HFAP	████████	1/11/2017
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LLR128963	FL 1769 E MOODY BLVD BUNNELL 32110-5991 BLDG 3 3864377399 3863134000 000000202642 FLAGLER COUNTY FIRE RESCUE 1851400881	████████	HFAP-HFAP	████████	1/11/2017
LLR128963	FL 3865862010 PALM COAST 60 MEMORIAL MEDICAL PKWY BOGDANOVSKA 1881834026 32164-5980 812432 SUZANA	████████	HFAP-HFAP	████████	1/11/2017
LLR128963	FL 1769 E MOODY BLVD BUNNELL 32110-5991 BLDG 3 3864377399 3863134000 000000202642 FLAGLER COUNTY FIRE RESCUE 1851400881	████████	HFAP-HFAP	████████	1/11/2017
LLR128963	FL 1769 E MOODY BLVD BUNNELL 32110-5991 BLDG 3 3864377399 3863134000 000000202642 FLAGLER COUNTY FIRE RESCUE 1851400881	████████	HFAP-HFAP	████████	1/11/2017
LLR128963	FL PALM COAST 60 MEMORIAL MEDICAL PKWY 32164-5980 ADVENTHEALTH P 3865864620 ALM COAST 3865862000 1679678486 000000201470	████████	HFAP-HFAP	████████	1/11/2017
LLR128963	FL PALM COAST 60 MEMORIAL MEDICAL PKWY 32164-5980 ADVENTHEALTH P 3865864620 ALM COAST 3865862000 1679678486 000000201470	████████	HFAP-HFAP	████████	1/11/2017
LLR128963	FL PALM COAST 60 MEMORIAL MEDICAL PKWY 32164-5980 ADVENTHEALTH P 3865864620 ALM COAST 3865862000 1679678486 000000201470	████████	HFAP-HFAP	████████	1/11/2017

LLR128963	FL PALM COAST 60 MEMORIAL MEDICAL PKWY 32164-5980 ADVENTHEALTH P 3865864620 ALM COAST 3865862000 1679678486 000000201470	██████	HFAP-HFAP	██████	1/11/2017
LLR128963	FL PALM COAST 60 MEMORIAL MEDICAL PKWY 32164-5980 ADVENTHEALTH P 3865864620 ALM COAST 3865862000 1679678486 000000201470	██████	HFAP-HFAP	██████	1/11/2017
LLR128963	FL 1588662183 4077675028 PEDRO RODRIGUEZ 601 E ROLLINS ST 000000245757 32803-1248 ORLANDO	██████	HFAP-HFAP	██████	1/11/2017
LLR128963	FL 1769 E MOODY BLVD BUNNELL 32110-5991 BLDG 3 3864377399 3863134000 000000202642 FLAGLER COUNTY FIRE RESCUE 1851400881	██████	HFAP-HFAP	██████	1/11/2017
LLR128963	FL 1769 E MOODY BLVD BUNNELL 32110-5991 BLDG 3 3864377399 3863134000 000000202642 FLAGLER COUNTY FIRE RESCUE 1851400881	██████	HFAP-HFAP	██████	1/11/2017
LLR128963	FL 3865862010 PALM COAST 60 MEMORIAL MEDICAL PKWY BOGDANOVSKA 1881834026 32164-5980 812432 SUZANA	██████	HFAP-HFAP	██████	1/11/2017

msp_cpt_code	msp_cpt_description	msp_bill_amount_value	msp_all_px	msp_all_dx	msp_dx_01
A0428	Bls [X]	400	A0428 Bls [X]	S50812A V892XXA	S50.812A
A0425	Ground mileage [X]	13.3	Ground mileage [X] A0425	S50812A V892XXA	S50.812A
A0428	Bls [X]	400	A0428 Bls [X]	S50812A V892XXA	S50.812A
A0425	Ground mileage [X]	13.3	Ground mileage [X] A0425	S50812A V892XXA	S50.812A
A0428	Bls [X]	400	A0428 Bls [X]	S50812A V892XXA	S50.812A
A0425	Ground mileage [X]	13.3	Ground mileage [X] A0425	S50812A V892XXA	S50.812A
99284	Emergency dept visit [A]	646	Emergency dept visit [A] 99284	R0789	R07.89
A0428	Bls [X]	400	A0428 Bls [X]	S50812A V892XXA	S50.812A
A0425	Ground mileage [X]	13.3	Ground mileage [X] A0425	S50812A V892XXA	S50.812A
		1.95	R0259	S299XXA I10	S29.9XXA
84484	Assay of troponin quant [X]	288.44	R0301 Assay of troponin quant [X] 84484	S299XXA I10	S29.9XXA
71010	Chest x-ray 1 view frontal [A]	457.08	71010 R0324 Chest x-ray 1 view frontal [A]	S299XXA I10	S29.9XXA

99284	Emergency dept visit [A]	1197.27	R0450 Emergency dept visit [A] 99284	S299XXA I10	S29.9XXA
93005	Electrocardiogram tracing [A]	495.93	R0730 Electrocardiogram tracing [A] 93005	S299XXA I10	S29.9XXA
71010	Chest x-ray 1 view frontal [A]	28.14	71010 Chest x-ray 1 view frontal [A]	R0600	R06.00
A0428	Bls [X]	400	A0428 Bls [X]	S50812A V892XXA	S50.812A
A0425	Ground mileage [X]	13.3	Ground mileage [X] A0425	S50812A V892XXA	S50.812A
99284	Emergency dept visit [A]	646	Emergency dept visit [A] 99284	R0789	R07.89

msp_dx_02	msp_long_desc_01	msp_long_desc_02	msp_patient_id	msp_dat_paid_date
V89.2XXA	ICD10:Abrasion of left forearm, initial encounter	ICD10:Person injured in unspecified motor-vehicle accident, traffic, initial encounter	██████	9/17/2017
V89.2XXA	ICD10:Abrasion of left forearm, initial encounter	ICD10:Person injured in unspecified motor-vehicle accident, traffic, initial encounter	██████	9/17/2017
V89.2XXA	ICD10:Abrasion of left forearm, initial encounter	ICD10:Person injured in unspecified motor-vehicle accident, traffic, initial encounter	██████	4/16/2017
V89.2XXA	ICD10:Abrasion of left forearm, initial encounter	ICD10:Person injured in unspecified motor-vehicle accident, traffic, initial encounter	██████	4/16/2017
V89.2XXA	ICD10:Abrasion of left forearm, initial encounter	ICD10:Person injured in unspecified motor-vehicle accident, traffic, initial encounter	██████	4/16/2017
V89.2XXA	ICD10:Abrasion of left forearm, initial encounter	ICD10:Person injured in unspecified motor-vehicle accident, traffic, initial encounter	██████	4/16/2017
	ICD10:Other chest pain		██████	4/30/2017
V89.2XXA	ICD10:Abrasion of left forearm, initial encounter	ICD10:Person injured in unspecified motor-vehicle accident, traffic, initial encounter	██████	8/6/2017
V89.2XXA	ICD10:Abrasion of left forearm, initial encounter	ICD10:Person injured in unspecified motor-vehicle accident, traffic, initial encounter	██████	8/6/2017
I10	ICD10:Unspecified injury of thorax, initial encounter	ICD10:Essential (primary) hypertension	██████	2/26/2017
I10	ICD10:Unspecified injury of thorax, initial encounter	ICD10:Essential (primary) hypertension	██████	2/26/2017
I10	ICD10:Unspecified injury of thorax, initial encounter	ICD10:Essential (primary) hypertension	██████	2/26/2017



I10	ICD10:Unspecified injury of thorax, initial encounter	ICD10:Essential (primary) hypertension	██████	2/26/2017
I10	ICD10:Unspecified injury of thorax, initial encounter	ICD10:Essential (primary) hypertension	██████	2/26/2017
	ICD10:Dyspnea, unspecified		██████	1/29/2017
V89.2XXA	ICD10:Abrasion of left forearm, initial encounter	ICD10:Person injured in unspecified motor-vehicle accident, traffic, initial encounter	██████	7/9/2017
V89.2XXA	ICD10:Abrasion of left forearm, initial encounter	ICD10:Person injured in unspecified motor-vehicle accident, traffic, initial encounter	██████	7/9/2017
	ICD10:Other chest pain		██████	7/30/2017

# **EXHIBIT C**



January 7, 2022

**VIA U.S. CERTIFIED MAIL**

STATE FARM MUTUAL AUTOMOBILE INSURANCE  
PO BOX 106140  
ATLANTA GA 30348-6140

**RE: OUR FILE NO.: LLR128963**  
**YOUR INSURED/ BENEFICIARY NAME:** [REDACTED]  
**FILING NUMBER:** [REDACTED]  
**DOA: 1/11/2017**  
**TYPE OF LIEN/CLAIM: MEDICARE/MEDICAID**

**DEMAND LETTER PURSUANT TO:**  
**Section 627.736, Florida Statutes**

To Whom It May Concern:

MSP Recovery, LLC, acting on behalf of MSP Recovery Claims, Series, LLC – as assignee of Medicare and/or Medicaid claims, hereby places you on notice that pursuant to our client's rights as a Medicare and/or Medicaid Payers, exercise the same rights, as would Medicare and/or Medicaid. To the extent that our client has made payment for medical benefits, MSP Recovery hereby asserts its rights to seek reimbursement as a Medicare and/or Medicaid assignee.

This document is a formal demand letter pursuant to Section 627.736(10), Florida Statutes, for the full payment of the attached amounts (*see attached itemized statement*). Demand is hereby made for reimbursement for medical services and treatment provided to the above named insured for the dates of service commencing 1/11/2017 totaling \$5,827.31 Currently, **\$5,827.31** is due, less any applicable deductible. To date, or our client has received \$0.00. If the above amounts have been paid or any of the above captioned information is not correct, please contact the undersigned.

Section 627.736, Florida Statutes, provides you with an opportunity to pay the above claim in full within thirty (30) days of receipt of this letter, including a penalty of 10% of the overdue amount paid, subject to a maximum penalty of \$250.00. Demand is also made for payment of prejudgment interest from the date the bills became overdue through the date of this letter in accordance with the interest rate established by Section 55.03, Florida Statutes. Payments are to be made to MSP Recovery for benefits, interest, penalty, and postage and must be mailed to the undersigned.



Additionally, pursuant to Sections 627.4137, 627.7401, 627.736(6)(d), Florida Statutes, and the policy that covers this loss, MSP Recovery requests a statement, under oath, of a corporate officer or the insurer's claims manager or superintendent, setting forth the following information with regard to each known policy of insurance, including excess or umbrella insurance:

- (A) the name of the insurer,
- (B) the name of each insured,
- (C) the limits of liability coverage (including PIP and Med Pay coverage),
- (D) a statement of any policy or coverage defense which such insurer reasonably believes is available to such insurer at the time of filing such statement,
- (E) a copy of the policy, and
- (F) any letters evidencing cancellation of the policy for any reason.

Please include a copy of the insured's PIP payout sheet and any explanation of benefits generated concerning the above-mentioned dates of service. All notices for Independent Medical Examination ("IME") appointments with proof of mailing, all medical reports done by IME or peer review doctors on behalf of the insurance company, all Examination Under Oath ("EUO") notices with proof of mailing, EUO transcription or recordings and all denial letters.

The undersigned hereby serves notice to all that this may result in a lien being asserted pursuant to 42 C.F.R. § 422.108(c). Notice is hereby given that as a secondary payer, any contractually required payment(s) for medical services and/or supplies should be made to MSP Recovery. Please make checks payable to and send to the address below. Please include a copy of the first page of this letter with your payment.

MSP Recovery Claims Series 44 LLC  
2701 S Le Jeune Rd, Floor 10  
Coral Gables, FL 33134

Thank you for your anticipated cooperation and immediate response to our requests. Should you have any questions please contact the undersigned, do not contact the medical provider.

Sincerely,

MSP Recovery, LLC



misp_mrd_id	misp_dos	A_SUBSCRIBER_Fname	A_SUBSCRIBER_Lname	G_PROVIDER_NPI	G_PROVIDER_FNAME
	1/11/2017			1851400881	FLAGLER COUNTY
	1/11/2017			1851400881	FLAGLER COUNTY
	1/11/2017			1851400881	FLAGLER COUNTY
	1/11/2017			1851400881	FLAGLER COUNTY
	1/11/2017			1851400881	FLAGLER COUNTY
	1/11/2017			1851400881	FLAGLER COUNTY
	1/11/2017			1881834026	SUZANA
	1/11/2017			1851400881	FLAGLER COUNTY
	1/11/2017			1851400881	FLAGLER COUNTY
	1/11/2017			1679678486	ADVENTHEALTH P
	1/11/2017			1679678486	ADVENTHEALTH P
	1/11/2017			1679678486	ADVENTHEALTH P
	1/11/2017			1679678486	ADVENTHEALTH P
	1/11/2017			1679678486	ADVENTHEALTH P
	1/11/2017			1588662183	PEDRO
	1/11/2017			1851400881	FLAGLER COUNTY
	1/11/2017			1851400881	FLAGLER COUNTY
	1/11/2017			1881834026	SUZANA

G_PROVIDER_ADDRESS1	G_PROVIDER_ADDRESS2	G_PROVIDER_CITY	G_PROVIDER_STATE	K_DiagnosisCode1	K_DiagnosisCode2
1769 E MOODY BLVD	BLDG 3	BUNNELL	FL	S50812A	V892XXA
1769 E MOODY BLVD	BLDG 3	BUNNELL	FL	S50812A	V892XXA
1769 E MOODY BLVD	BLDG 3	BUNNELL	FL	S50812A	V892XXA
1769 E MOODY BLVD	BLDG 3	BUNNELL	FL	S50812A	V892XXA
1769 E MOODY BLVD	BLDG 3	BUNNELL	FL	S50812A	V892XXA
1769 E MOODY BLVD	BLDG 3	BUNNELL	FL	S50812A	V892XXA
60 MEMORIAL MEDICAL PKWY		PALM COAST	FL	R0789	
1769 E MOODY BLVD	BLDG 3	BUNNELL	FL	S50812A	V892XXA
1769 E MOODY BLVD	BLDG 3	BUNNELL	FL	S50812A	V892XXA
60 MEMORIAL MEDICAL PKWY		PALM COAST	FL	S299XXA	I10
60 MEMORIAL MEDICAL PKWY		PALM COAST	FL	S299XXA	I10
60 MEMORIAL MEDICAL PKWY		PALM COAST	FL	S299XXA	I10
60 MEMORIAL MEDICAL PKWY		PALM COAST	FL	S299XXA	I10
60 MEMORIAL MEDICAL PKWY		PALM COAST	FL	S299XXA	I10
601 E ROLLINS ST		ORLANDO	FL	R0600	
1769 E MOODY BLVD	BLDG 3	BUNNELL	FL	S50812A	V892XXA
1769 E MOODY BLVD	BLDG 3	BUNNELL	FL	S50812A	V892XXA
60 MEMORIAL MEDICAL PKWY		PALM COAST	FL	R0789	

K_OtherProcedureCode1	K_OtherProcedureCode2	Charge Amount
A0428		\$400.00
A0425		\$13.30
A0428		\$400.00
A0425		\$13.30
A0428		\$400.00
A0425		\$13.30
99284		\$646.00
A0428		\$400.00
A0425		\$13.30
	R0259	\$1.95
84484	R0301	\$288.44
71010	R0324	\$457.08
99284	R0450	\$1,197.27
93005	R0730	\$495.93
71010		\$28.14
A0428		\$400.00
A0425		\$13.30
99284		\$646.00
		<b>\$5,827.31</b>



**FLORIDA TRAFFIC CRASH REPORT**LONG FORM ☒ SHORT FORM ☐ UPDATE ☐MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES  
TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING  
TALLAHASSEE, FL 32399-0537TOTAL # OF VEHICLE SECTION(S) 3  
TOTAL # OF PERSON SECTION(S) 3  
TOTAL # OF NARRATIVE SECTION(S) 1

CRASH DATE <b>01/11/17</b>		TIME OF CRASH <b>11:07 AM</b>		DATE OF REPORT <b>01/11/17</b>		REPORTING AGENCY CASE NUMBER <b>[REDACTED]</b>		HSMV CRASH REPORT NUMBER <b>[REDACTED]</b>	
<b>CRASH IDENTIFIERS</b>									
COUNTY CODE <b>61</b>	CITY CODE <b>53</b>	COUNTY OF CRASH <b>Flagler</b>		PLACE OR CITY OF CRASH <b>Palm Coast</b>			CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>	TIME REPORTED <b>11:07 AM</b>	TIME DISPATCHED <b>11:13 AM</b>
TIME ON SCENE <b>11:28 AM</b>		TIME CLEARED SCENE <b>12:31 PM</b>		CHECK IF COMPLETED <input checked="" type="checkbox"/>		REASON (If Investigation NOT Complete)			Notified By: 1 Motorist 2 Law Enforcement <b>2</b>
<b>ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)</b>									
CRASH OCCURRED ON STREET, ROAD, HIGHWAY <b>E State Road 100 HWY</b>					AT STREET ADDRESS # <b>1</b>		AT LATITUDE <b>2</b>		AND LONGITUDE
FEET	MILES	N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY <b>3 Landing BLVD</b>			OR FROM MILEPOST # <b>4</b>		
<b>Road System Identifier</b>			<b>Type of Shoulder</b>		<b>Type of Intersection</b>				
<b>3</b> 1 Interstate 2 U.S. 3 State 4 County 5 Local 6 Turnpike/Toll 7 Forest Road 8 Private Roadway 9 Parking Lot 77 Other, Explain in Narrative			<b>2</b> 1 Paved 2 Unpaved 3 Curb		<b>3</b> 1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection 5 Traffic Circle 6 Roundabout 7 Five-Point, or More 77 Other, Explain in Narrative				
<b>CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input type="checkbox"/></b>									
<b>Light Condition</b>		<b>Weather Condition</b>		<b>Roadway Surface Condition</b>		<b>School Bus Related</b>		<b>Manner of Collision/Impact</b>	
<b>1</b> 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted 5 Dark-Not Lighted 6 Dark-Unknown Lighting 77 Other, Explain in Narrative 88 Unknown		<b>1</b> 1 Clear 2 Cloudy 3 Rain 4 Fog, Smog, Smoke 5 Sleet/Hail/ Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative		<b>1</b> 1 Dry 2 Wet 4 Ice/Frost 5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/moving) 77 Other, Explain in Narrative 88 Unknown		<b>1</b> 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved		<b>1</b> 4 Sideswipe, Same Direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown	
<b>First Harmful Event</b>		<b>Non-Collision</b>		<b>Collision Non-Fixed Object</b>		<b>Collision with Fixed Object</b>		<b>First Harmful Event Location</b>	
<b>14</b> 1 No 2 Yes 88 Unknown		1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision		10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo 18 Other Non-Fixed Object		19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier 30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)		<b>1</b> 1 On Roadway 2 Off Roadway 3 Shoulder 4 Median 6 Gore 7 Separator 8 In Parking Lane or Zone 9 Outside Right-of-way 10 Roadside 88 Unknown	
<b>First Harmful Event within Interchange</b>		<b>First Harmful Event Relation to Junction</b>		<b>Contributing Circumstances: Road</b>		<b>Contributing Circumstances: Environment</b>			
<b>1</b> 1 No 2 Yes 88 Unknown		<b>3</b> 5 Railway Grade Crossing 14 Entrance/Exit Ramp 15 Crossover - Related 16 Shared-Use Path or Trail 17 Acceleration/Deceleration Lane 18 Through Roadway 77 Other, Explain in Narrative 88 Unknown		<b>1</b> 1 None 4 Work Zone (construction/maintenance/utility) 6 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps		<b>1</b> 9 Worn, Travel-Polished Surface 10 Road Surface Condition (wet, icy, snow, slush, etc.) 11 Obstruction in Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non-Highway Work 77 Other, Explain in Narrative 88 Unknown		<b>1</b> 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown	
<b>Work Zone Related</b>		<b>Crash in Work Zone</b>		<b>Type of Work Zone</b>		<b>Workers in Work Zone</b>		<b>Law Enforcement in Work Zone</b>	
<b>1</b> 1 No 2 Yes 88 Unknown		<b>1</b> 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area		<b>1</b> 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative		<b>1</b> 1 No 2 Yes 88 Unknown		<b>1</b> 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present	
<b>WITNESSES</b>									
NAME		ADDRESS		CITY & STATE		ZIP CODE			
NAME		ADDRESS		CITY & STATE		ZIP CODE			
NAME		ADDRESS		CITY & STATE		ZIP CODE			
<b>NON VEHICLE PROPERTY DAMAGE</b>									
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE		
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE		



<b>VEHICLE #</b> 1		<b>Check if Commercial</b> <input type="checkbox"/>		<b>REPORTING AGENCY CASE NUMBER</b>		<b>HSMV CRASH REPORT NUMBER</b>	
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		<b>VEHICLE LICENSE NUMBER</b>	<b>STATE</b> FL	<b>REGISTRATION EXPIRES</b> 12/ 03/ 17	<b>Check if Permanent Registration</b> <input checked="" type="checkbox"/>	<b>VIN</b>	
<b>Hit and Run</b> 1 No 2 Yes 88 Unknown	<b>YEAR</b> 2000	<b>MAKE</b> Volkswagen	<b>MODEL</b>	<b>STYLE</b> 4 Door	<b>COLOR</b> Black	<b>DAMAGE:</b> 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None	<b>EST. AMOUNT</b> 5000
<b>INSURANCE COMPANY</b> GEICO GENERAL INSURANCE COMPANY		<b>INSURANCE POLICY NUMBER</b> 1125225407		<b>Towed due to Damage:</b> 1 No 2 Yes	<b>VEHICLE REMOVED BY</b> SAXONS TOWING	1 Rotation 2 Owner Request 3 Driver 77 Other, Explain in Narrative	
<b>NAME OF VEHICLE OWNER</b> (Check if Business) <input type="checkbox"/>		<b>CURRENT ADDRESS</b>		<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>	
<b>TRAILER #</b>	<b>LICENSE NUMBER</b>	<b>STATE</b>	<b>REGISTRATION EXPIRES</b>	<b>Check if Permanent Registration</b> <input type="checkbox"/>	<b>VIN</b>	<b>YEAR</b>	<b>MAKE</b>
<b>TRAILER #</b>	<b>LICENSE NUMBER</b>	<b>STATE</b>	<b>REGISTRATION EXPIRES</b>	<b>Check if Permanent Registration</b> <input type="checkbox"/>	<b>VIN</b>	<b>YEAR</b>	<b>MAKE</b>
<b>VEHICLE</b> N S E W Off-Road Unknown		<b>ON STREET, ROAD, HIGHWAY</b> State Highway 100				<b>AT EST. SPEED</b> 30	<b>POSTED SPEED</b> 50
<b>HAZ. MAT. RELEASED</b> 1 No 2 Yes 88 Unknown		<b>HAZ. MAT. PLACARD</b> 1 No 2 Yes 88 Unknown		<b>HAZ. MAT. NUMBER</b>		<b>HAZ. MAT. CLASS</b>	
<b>MOTOR CARRIER NAME</b>		<b>US DOT NUMBER</b>		<b>Area of Initial Impact</b>		<b>Most Damaged Area</b>	
<b>MOTOR CARRIER ADDRESS</b>		<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>		<b>PHONE NUMBER</b>	
<b>Vehicle Body Type</b> 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		<b>Trafficway</b> 1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (paved > 4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown		<b>Commercial Motor Vehicle Configuration</b> 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double		<b>Cargo Body Type</b> 3 Van/Enclosed Box 4 Hopper 5 Pole Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log	
<b>Comm/Non-Commercial</b> 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		<b>Trailer Type</b> 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		<b>Emergency Vehicle Use</b> 1 No 2 Yes 88 Unknown			
<b>Most Harmful Event</b> 14		<b>Collision with Non-Fixed Object</b> 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object		<b>Collision Fixed Object</b> 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End		<b>Sequence of Events</b> 1st 14 2nd 3rd 4th	
<b>Roadway Grade</b> 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		<b>Roadway Alignment</b> 1 Straight 2 Curve Right 3 Curve Left		<b>Vehicle Maneuver Action</b> 1 Straight Ahead 2 Turning Left 3 Backing 4 Turning Right 5 Changing Lanes 6 Parked 7 Making U-Turn 8 Overtaking/Passing 9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus 14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown		<b>Traffic Control Device For This Vehicle</b> 5 1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign 8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 13 Warning Sign 77 Other, Explain in Narrative 88 Unknown	
<b>Special Function of Motor Vehicle</b> 1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military		<b>Vehicle Defects</b> 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train 12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown					
<b>VIOLATIONS</b>							
<b>PERSON #</b> 1	<b>NAME OF VIOLATOR</b>	<b>FL STATUTE NUMBER</b> 316.1925.1 non-ucr	<b>CHARGE</b> Careless Driving		<b>CITATION NUMBER</b>		
<b>PERSON #</b>	<b>NAME OF VIOLATOR</b>	<b>FL STATUTE NUMBER</b>	<b>CHARGE</b>		<b>CITATION NUMBER</b>		
<b>PERSON #</b>	<b>NAME OF VIOLATOR</b>	<b>FL STATUTE NUMBER</b>	<b>CHARGE</b>		<b>CITATION NUMBER</b>		



<b>VEHICLE #</b> 2		<b>Check if Commercial</b> <input type="checkbox"/>		<b>REPORTING AGENCY CASE NUMBER</b>		<b>HSMV CRASH REPORT NUMBER</b>	
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		<b>VEHICLE LICENSE NUMBER</b>	<b>STATE</b> FL	<b>REGISTRATION EXPIRES</b> 01/25/18	<b>Check if Permanent Registration</b> <input checked="" type="checkbox"/>	<b>VIN</b>	
<b>Hit and Run</b> 1 No 2 Yes 88 Unknown	<b>YEAR</b> 2015	<b>MAKE</b> Chevrolet	<b>MODEL</b>	<b>STYLE</b> Sport Utility	<b>COLOR</b> Blue	<b>DAMAGE:</b> 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None	<b>EST. AMOUNT</b> 5000
<b>INSURANCE COMPANY</b> State Farm		<b>INSURANCE POLICY NUMBER</b> 9676185-A31-59E 4		<b>Towed due to Damage:</b> 1 No 2 Yes	<b>VEHICLE REMOVED BY</b> SAXONS TOWING		<b>1 Rotation 2 Owner Request 3 Driver 77 Other, Explain in Narrative</b> 1
<b>NAME OF VEHICLE OWNER</b> (Check if Business) <input type="checkbox"/>		<b>CURRENT ADDRESS</b>		<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>	
<b>TRAILER #</b>	<b>LICENSE NUMBER</b>	<b>STATE</b>	<b>REGISTRATION EXPIRES</b>	<b>Check if Permanent Registration</b> <input type="checkbox"/>	<b>VIN</b>	<b>YEAR</b>	<b>MAKE</b>
<b>TRAILER #</b>	<b>LICENSE NUMBER</b>	<b>STATE</b>	<b>REGISTRATION EXPIRES</b>	<b>Check if Permanent Registration</b> <input type="checkbox"/>	<b>VIN</b>	<b>YEAR</b>	<b>MAKE</b>
<b>VEHICLE</b> N S E W Off-Road Unknown		<b>ON STREET, ROAD, HIGHWAY</b> State Highway 100				<b>AT EST. SPEED</b> 0	<b>POSTED SPEED</b> 55
<b>HAZ. MAT. RELEASED</b> 1 No 2 Yes 88 Unknown		<b>HAZ. MAT. PLACARD</b> 1 No 2 Yes 88 Unknown		<b>HAZ. MAT. NUMBER</b>		<b>HAZ. MAT. CLASS</b>	
<b>MOTOR CARRIER NAME</b>		<b>US DOT NUMBER</b>		<b>Area of Initial Impact</b>		<b>Most Damaged Area</b>	
<b>MOTOR CARRIER ADDRESS</b>		<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>		<b>PHONE NUMBER</b>	
<b>Vehicle Body Type</b> 16 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		<b>Trafficway</b> 4 1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (Painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown		<b>Commercial Motor Vehicle Configuration</b> 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double		<b>Cargo Body Type</b> 1 No Cargo 2 Bus 3 Van/Enclosed Box 4 Hopper 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log	
<b>Comm/Non-Commercial</b> 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		<b>Trailer Type</b> 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		<b>Collision Fixed Object</b> 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End		<b>Emergency Vehicle Use</b> 1 No 2 Yes 88 Unknown	
<b>Most Harmful Event</b> 14 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision		<b>Collision with Non-Fixed Object</b> 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object		<b>Collision Fixed Object</b> 29 Cable Barrier 30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole, or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)		<b>Sequence of Events</b> 1st 14 2nd 3rd 4th	
<b>Roadway Grade</b> 1 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		<b>Roadway Alignment</b> 1 1 Straight 2 Curve Right 3 Curve Left		<b>Vehicle Maneuver Action</b> 13 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/Passing 13 Stopped in Traffic 14 Slowing 15 Negotiating a Curve 16 Leaving Traffic Lane 17 Entering Traffic Lane 77 Other, Explain in Narrative 88 Unknown		<b>Traffic Control Device For This Vehicle</b> 5 1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign 8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 13 Warning Sign 77 Other, Explain in Narrative 88 Unknown	
<b>Special Function of Motor Vehicle</b> 1 1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military 9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus 14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown		<b>Vehicle Defects</b> 1 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train 12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown		<b>VIOLATIONS</b>			
<b>PERSON #</b>	<b>NAME OF VIOLATOR</b>	<b>FL STATUTE NUMBER</b>	<b>CHARGE</b>	<b>CITATION NUMBER</b>			
<b>PERSON #</b>	<b>NAME OF VIOLATOR</b>	<b>FL STATUTE NUMBER</b>	<b>CHARGE</b>	<b>CITATION NUMBER</b>			
<b>PERSON #</b>	<b>NAME OF VIOLATOR</b>	<b>FL STATUTE NUMBER</b>	<b>CHARGE</b>	<b>CITATION NUMBER</b>			



<b>VEHICLE #</b> 3		<b>Check if Commercial</b> <input type="checkbox"/>		<b>REPORTING AGENCY CASE NUMBER</b>		<b>HSMV CRASH REPORT NUMBER</b>	
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		<b>VEHICLE LICENSE NUMBER</b>	<b>STATE</b> FL	<b>REGISTRATION EXPIRES</b> 12/31/17	<b>Check if Permanent Registration</b> <input type="checkbox"/>	<b>VIN</b>	
<b>Hit and Run</b> 1 No 2 Yes 88 Unknown	<b>YEAR</b> 2008	<b>MAKE</b> Ford	<b>MODEL</b> F-150	<b>STYLE</b> Pick Up Truck	<b>COLOR</b> Blue	<b>DAMAGE:</b> 1 Disabling 2 Functional 3 None	<b>EST. AMOUNT</b> 2
<b>INSURANCE COMPANY</b> UNK		<b>INSURANCE POLICY NUMBER</b>		<b>Towed due to Damage:</b> 1 No 2 Yes	<b>VEHICLE REMOVED BY</b> 1	<b>1 Rotation 2 Owner Request 3 Driver 77 Other, Explain in Narrative</b> 3	
<b>NAME OF VEHICLE OWNER</b> (Check if Business) <input type="checkbox"/>		<b>CURRENT ADDRESS</b>		<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>	
<b>TRAILER #</b>	<b>LICENSE NUMBER</b>	<b>STATE</b>	<b>REGISTRATION EXPIRES</b>	<b>Check if Permanent Registration</b> <input type="checkbox"/>	<b>VIN</b>	<b>YEAR</b>	<b>MAKE</b>
<b>TRAILER #</b>	<b>LICENSE NUMBER</b>	<b>STATE</b>	<b>REGISTRATION EXPIRES</b>	<b>Check if Permanent Registration</b> <input type="checkbox"/>	<b>VIN</b>	<b>YEAR</b>	<b>MAKE</b>
<b>VEHICLE</b> N S E W Off-Road Unknown		<b>ON STREET, ROAD, HIGHWAY</b> State Road 100		<b>AT EST. SPEED</b> 0		<b>POSTED SPEED</b> 55	<b>TOTAL LANES</b> 3
<b>HAZ. MAT. RELEASED</b> 1 No 2 Yes 88 Unknown		<b>HAZ. MAT. PLACARD</b> 1 No 2 Yes 88 Unknown		<b>HAZ. MAT. NUMBER</b>		<b>HAZ. MAT. CLASS</b>	
<b>MOTOR CARRIER NAME</b>		<b>US DOT NUMBER</b>		<b>Area of Initial Impact</b>		<b>Most Damaged Area</b>	
<b>MOTOR CARRIER ADDRESS</b>		<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>		<b>PHONE NUMBER</b>	
<b>Vehicle Body Type</b> 3 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		<b>Trafficway</b> 1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (paved >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown		<b>Commercial Motor Vehicle Configuration</b> 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double		<b>Cargo Body Type</b> 3 Van/Enclosed Box 4 Hopper 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log	
<b>Comm/Non-Commercial</b> 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		<b>Trailer Type</b> 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		<b>Emergency Vehicle Use</b> 1 No 2 Yes 88 Unknown		<b>Comm GVWR/GCWR</b> 1 10,000 lbs (4,536 kg) or less 2 10,001-26,000 lbs (4,536-11,793 kg) 3 More than 26,000 lbs (11,793 kg) 4 Not Applicable	
<b>Most Harmful Event</b> 14 <b>Sequence of Events</b> 1st 14 2nd 3rd 4th		<b>Non-Collision</b> 1 Overtaken/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision (40-46 Sequence of Events only) 40 Equipment Failure (blown tire, brake failure, etc.) 41 Separation of Units 42 Ran Off Roadway, Right 43 Ran Off Roadway, Left 44 Cross Median 45 Cross Centerline 46 Downhill Runaway		<b>Collision with Non-Fixed Object</b> 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object		<b>Collision Fixed Object</b> 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End	
<b>Roadway Grade</b> 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		<b>Roadway Alignment</b> 1 Straight 2 Curve Right 3 Curve Left		<b>Vehicle Maneuver Action</b> 1 Straight Ahead 2 Turning Left 3 Turning Right 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/Passing 13 Stopped in Traffic 14 Slowing 15 Negotiating a Curve 16 Leaving Traffic Lane 17 Entering Traffic Lane 77 Other, Explain in Narrative 88 Unknown		<b>Traffic Control Device For This Vehicle</b> 5 1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign	
<b>Special Function of Motor Vehicle</b> 1 1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military		<b>Vehicle Defects</b> 12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 77 Other, Explain in Narrative 88 Unknown		<b>Vehicle Defects</b> 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 5 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train		<b>Violations</b>	
<b>PERSON #</b>	<b>NAME OF VIOLATOR</b>	<b>FL STATUTE NUMBER</b>	<b>CHARGE</b>	<b>CITATION NUMBER</b>			
<b>PERSON #</b>	<b>NAME OF VIOLATOR</b>	<b>FL STATUTE NUMBER</b>	<b>CHARGE</b>	<b>CITATION NUMBER</b>			
<b>PERSON #</b>	<b>NAME OF VIOLATOR</b>	<b>FL STATUTE NUMBER</b>	<b>CHARGE</b>	<b>CITATION NUMBER</b>			



<b>PERSON #</b> 1		<b>REPORTING AGENCY CASE NUMBER</b>		<b>HSMV CRASH REPORT NUMBER</b>	
1 Driver 2 Non-Motorist 3 Passenger		<b>VEHICLE #</b> 1 <b>NAME</b>	<b>PHONE NUMBER</b>		Check if Recommend Driver Re-exam
<b>CURRENT ADDRESS (Number and Street)</b>			<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>
<b>DATE OF BIRTH</b>		<b>SEX:</b> 1 Male 2 Female 88 Unknown	<b>DRIVER LICENSE NUMBER</b>	<b>STATE</b> FL <b>EXPIRES</b> 10/ 09/ 24	<b>INJURY SEVERITY (INJ)</b> 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality
<b>DL Type</b>		<b>Required Endorsements</b>		<b>DRIVER</b>	
1A 2B 3C 4 D/Chauffeur 5 E/Operator 6 F/Oper - Rest 7 None		1 Yes 2 No 3 No Req. Endorsement		<b>Driver's Actions at Time of Crash</b> 1st 10 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 5 Improper Turn 6 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action	
<b>Driver Distracted By</b> 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		<b>Condition At Time of Crash</b> 1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown	
<b>Driver Vision Obstructions</b> 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog		9 Smoke 10 Glare 77 All Other, Explain in Narrative	
<b>DRIVER OR PASSENGER</b>		<b>Helmet Use (HU)</b>		<b>Eye Protection (EP)</b>	
<b>Motor Vehicle Seating Position:</b> <b>Seat</b> 1 Left <b>Row</b> 1 Front <b>Other</b> 1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown		3 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet		3 1 Yes 2 No 3 Not Applicable	
<b>Non-Motorist Description</b> 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist		<b>Non-Motorist Location At Time of Crash</b> 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside 8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown		<b>Action Prior to Crash</b> 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway - Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown	
<b>Safety Equipment</b> 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown		<b>Non-Motorist Actions/Circumstances</b> 1st 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching) 7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.)		<b>DRIVER OR PASSENGER</b> <b>Restraint Systems (RS)</b> 1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative	
<b>ALCOHOL/DRUG/EMS</b>					
<b>SUSPECTED ALCOHOL USE:</b> 1 No 2 Yes 88 Unknown		<b>ALCOHOL TESTED:</b> 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested		<b>ALCOHOL TEST TYPE:</b> 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	
<b>ALCOHOL TEST RESULT:</b> 1 Pending 2 Completed 88 Unknown		<b>BAC</b>		<b>SUSPECTED DRUG USE:</b> 1 No 2 Yes 88 Unknown	
<b>DRUG TESTED:</b> 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested		<b>DRUG TEST TYPE:</b> 1 Blood 3 Urine 77 Other, Explain in Narrative		<b>DRUG TEST RESULT:</b> 1 Positive 2 Negative 3 Pending 88 Unknown	
<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b> 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		<b>EMS AGENCY NAME OR ID</b> Rescue 11		<b>EMS RUN NUMBER</b>	
<b>MEDICAL FACILITY TRANSPORTED TO</b> FHF					
<b>ADDITIONAL PASSENGERS</b>					
<b>PERSON #</b>		<b>VEHICLE #</b>		<b>NAME</b>	
<b>DATE OF BIRTH</b>		<b>INJ</b>		<b>SEX</b>	
<b>LOC: S R O</b>		<b>EJECT</b>		<b>HU</b>	
<b>EP</b>		<b>ABD</b>		<b>RS</b>	
<b>CURRENT ADDRESS (Number and Street)</b>			<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>
<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b>		<b>EMS AGENCY NAME OR ID</b>		<b>EMS RUN NUMBER</b>	
<b>MEDICAL FACILITY TRANSPORTED TO</b>					
<b>PERSON #</b>		<b>VEHICLE #</b>		<b>NAME</b>	
<b>DATE OF BIRTH</b>		<b>INJ</b>		<b>SEX</b>	
<b>LOC: S R O</b>		<b>EJECT</b>		<b>HU</b>	
<b>EP</b>		<b>ABD</b>		<b>RS</b>	
<b>CURRENT ADDRESS (Number and Street)</b>			<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>
<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b>		<b>EMS AGENCY NAME OR ID</b>		<b>EMS RUN NUMBER</b>	
<b>MEDICAL FACILITY TRANSPORTED TO</b>					

HSMV 90010 S (V/P) (rev 06/13)



<b>PERSON #</b> 2		<b>REPORTING AGENCY CASE NUMBER</b>		<b>HSMV CRASH REPORT NUMBER</b>	
1 Driver 2 Non-Motorist 3 Passenger		<b>VEHICLE #</b> 2	<b>NAME</b>	<b>PHONE NUMBER</b>	Check if Recommend Driver Re-exam
<b>CURRENT ADDRESS (Number and Street)</b>			<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>
<b>DATE OF BIRTH</b>	<b>SEX:</b> 1 Male 2 Female 88 Unknown	<b>DRIVER LICENSE NUMBER</b>	<b>STATE</b> FL	<b>EXPIRES</b> 01/ 25/ 20	<b>INJURY SEVERITY (INJ)</b> 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality
<b>DL Type</b>		<b>Required Endorsements</b>		<b>DRIVER</b>	
1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None		1 Yes 2 No 3 No Req. Endorsement		<b>Driver's Actions at Time of Crash</b> 1st 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 5 Improper Turn 6 Ran Red Light 7 Drove too Fast for Conditions 8 Ran Stop Sign 9 Improper Passing 10 Exceeded Posted Speed 11 Wrong Side of Wrong Way 12 Failed to Keep in Proper Lane 2nd 13 Ran off Roadway 14 Disregarded other Traffic Sign 15 Disregarded Other Road Markings 16 Over-Correcting/Over-Steering 17 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 18 Operated MV in Erratic, Reckless or Aggressive Manner 19 Other Contributing Action 3rd 20 Ran off Roadway 21 Disregarded other Traffic Sign 22 Disregarded Other Road Markings 23 Over-Correcting/Over-Steering 24 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 25 Operated MV in Erratic, Reckless or Aggressive Manner 26 Other Contributing Action 4th 27 Ran off Roadway 28 Disregarded other Traffic Sign 29 Disregarded Other Road Markings 30 Over-Correcting/Over-Steering 31 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 32 Operated MV in Erratic, Reckless or Aggressive Manner 33 Other Contributing Action	
<b>Driver Distracted By</b>		<b>Driver Vision Obstructions</b>		<b>Condition At Time of Crash</b>	
1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 8 Unknown		1 Apparently Normal 2 Asleep or Fatigued 3 Ill (sick) or Fainted 4 Seizure, Epilepsy, Blackout 5 Physically Impaired 6 Emotional (depression, angry, disturbed, etc.) 7 Under the Influence of Medications/Drugs/Alcohol 8 Other, Explain in Narrative 88 Unknown	
<b>Driver Vision Obstructions</b>		<b>DRIVER OR PASSENGER</b>		<b>Restraint Systems (RS)</b>	
1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog 9 Smoke 10 Glare 11 All Other, Explain in Narrative		1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 11 Other, Explain in Narrative	
<b>Motor Vehicle Seating Position:</b>		<b>LOCATION: SEAT ROW OTHER (LOC)</b>		<b>Helmet Use (HU)</b>	
1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown		1 Front 2 Second 3 Third 4 Fourth 77 Other Row 88 Unknown		1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	
<b>Other</b>		<b>Ejection (EJECT)</b>		<b>Eye Protection (EP)</b>	
1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown		1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown		1 Yes 2 No 3 Not Applicable	
<b>Non-Motorist Description</b>		<b>Non-Motorist Location At Time of Crash</b>		<b>Action Prior to Crash</b>	
1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist		1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside 8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown		1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway - Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown	
<b>Safety Equipment</b>		<b>Non-Motorist Actions/Circumstances</b>		<b>ALCOHOL/DRUG/EMS</b>	
1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown		1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching) 7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.)		SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown BAC SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown	
<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b>		<b>EMS AGENCY NAME OR ID</b>		<b>EMS RUN NUMBER</b>	
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown		Rescue 11		FHF	
<b>ADDITIONAL PASSENGERS</b>					
<b>PERSON #</b>	<b>VEHICLE #</b>	<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>INJ</b>	<b>SEX</b>
<b>CURRENT ADDRESS (Number and Street)</b>			<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>
<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b>			<b>EMS AGENCY NAME OR ID</b>		<b>EMS RUN NUMBER</b>
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown					
<b>PERSON #</b>	<b>VEHICLE #</b>	<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>INJ</b>	<b>SEX</b>
<b>CURRENT ADDRESS (Number and Street)</b>			<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>
<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b>			<b>EMS AGENCY NAME OR ID</b>		<b>EMS RUN NUMBER</b>
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown					

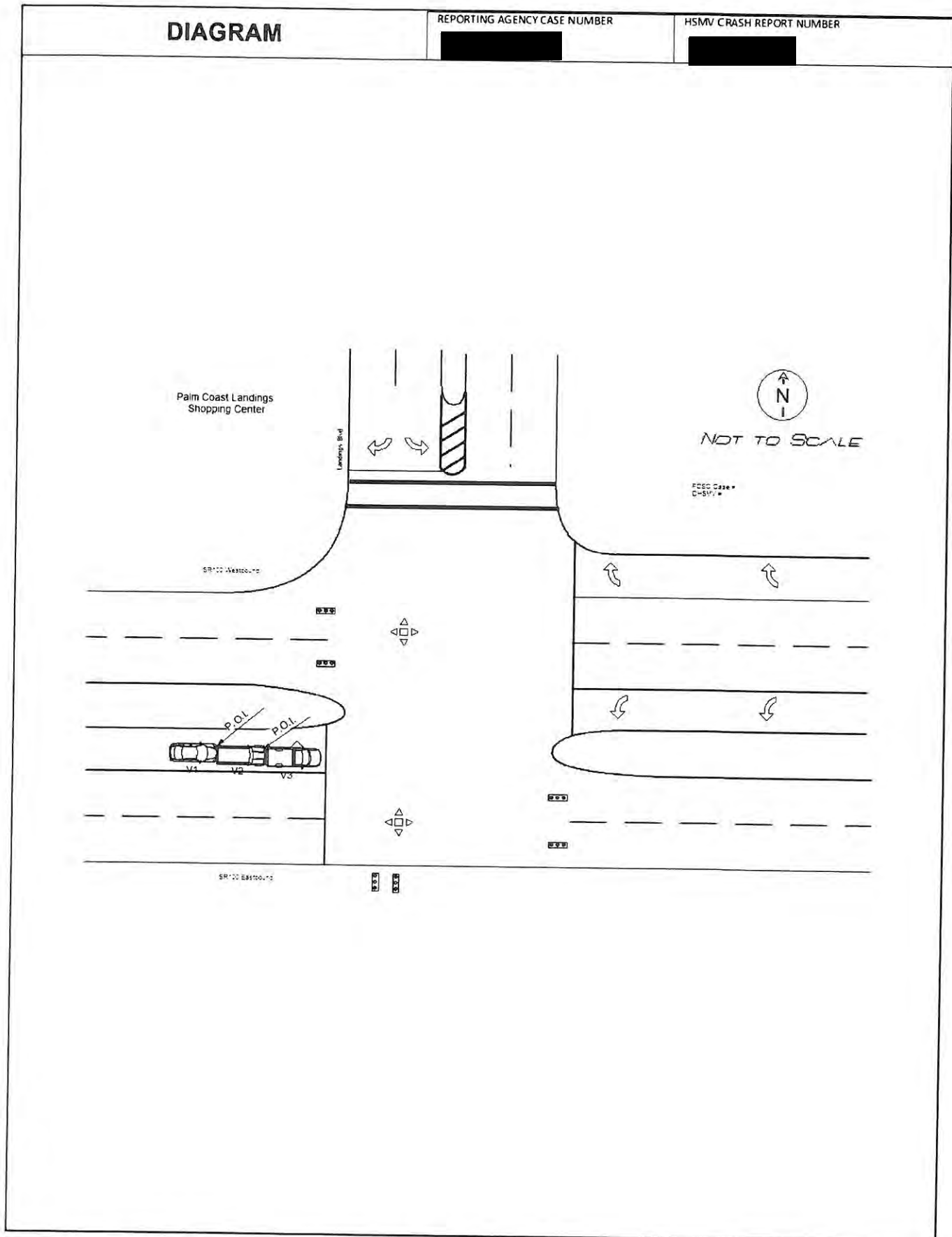


<b>PERSON #</b> 3		<b>REPORTING AGENCY CASE NUMBER</b>		<b>HSMV CRASH REPORT NUMBER</b>	
1 Driver 2 Non-Motorist 3 Passenger		<b>VEHICLE #</b> 3	<b>NAME</b>	<b>PHONE NUMBER</b>	Check if Recommend Driver Re-exam <input type="checkbox"/>
<b>CURRENT ADDRESS (Number and Street)</b>			<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>
<b>DATE OF BIRTH</b>	<b>SEX:</b> 1 Male 2 Female 88 Unknown	<b>DRIVER LICENSE NUMBER</b>	<b>STATE</b> FL	<b>EXPIRES</b> 01/ 14/ 18	<b>INJURY SEVERITY (INJ)</b> 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality
<b>DL Type</b>		<b>Required Endorsements</b>		<b>DRIVER</b>	
5 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 F/Oper - Rest 7 None		3 1 Yes 2 No 3 No Req. Endorsement		<b>Driver's Actions at Time of Crash</b> 1st 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 5 Improper Turn 6 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action	
<b>Driver Distracted By</b>		<b>Condition At Time of Crash</b>		1 1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown	
<b>Driver Vision Obstructions</b>		<b>DRIVER OR PASSENGER</b>		<b>Restraint Systems (RS)</b>	
1 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog		3 1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative	
<b>Motor Vehicle Seating Position:</b>		<b>LOCATION: SEAT ROW OTHER (LOC)</b>		<b>Helmet Use (HU)</b>	
Seat Row Other 1 Left Front 1 Not Applicable 2 Middle Second 2 Sleeper Section of Truck Cab 3 Right Third 3 Other Enclosed Cargo Area 77 Other Fourth 4 Unenclosed Cargo Area (explain in narrative) 77 Other Row 5 Trailing Unit 88 Unknown 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown 88 Unknown		1 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown		1 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	
<b>Non-Motorist Description</b>		<b>Non-Motorist Location At Time of Crash</b>		<b>Action Prior to Crash</b>	
1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist		1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside 8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown		1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway - Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown	
<b>Safety Equipment</b>		<b>Non-Motorist Actions/Circumstances</b>		<b>ALCOHOL/DRUG/EMS</b>	
1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown		1st 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching) 7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.)		SUSPECTED ALCOHOL USE: 1 1 No 2 Yes 88 Unknown ALCOHOL TESTED: 1 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested ALCOHOL TEST TYPE: 1 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative ALCOHOL TEST RESULT: 1 1 Pending 2 Completed 88 Unknown BAC SUSPECTED DRUG USE: 1 1 No 2 Yes 88 Unknown DRUG TESTED: 1 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested DRUG TEST TYPE: 1 1 Blood 3 Urine 77 Other, Explain in Narrative DRUG TEST RESULT: 1 1 Positive 2 Negative 3 Pending 88 Unknown	
<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b>		<b>EMS AGENCY NAME OR ID</b>		<b>EMS RUN NUMBER</b>	
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown		1			
<b>ADDITIONAL PASSENGERS</b>		<b>PERSON #</b>		<b>VEHICLE #</b>	
<b>CURRENT ADDRESS (Number and Street)</b>		<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>	
<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b>		<b>EMS AGENCY NAME OR ID</b>		<b>EMS RUN NUMBER</b>	
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown					
<b>PERSON #</b>		<b>VEHICLE #</b>		<b>NAME</b>	
<b>CURRENT ADDRESS (Number and Street)</b>		<b>CITY &amp; STATE</b>		<b>ZIP CODE</b>	
<b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b>		<b>EMS AGENCY NAME OR ID</b>		<b>EMS RUN NUMBER</b>	
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown					

HSMV 90010 S (V/P) (rev 06/13)



[illegible]





Providing Insurance and Financial Services  
Home Office, Bloomington, IL



August 5, 2021

Msp Recovery  
2701 S Le Jeune Rd FL 11th  
Coral Gables FL 33134-5809

State Farm Claims  
PO Box 106134  
Atlanta GA 30348-6134

RE: Claim Number: [REDACTED]  
Date of Loss: January 11, 2017  
Our Insured: [REDACTED]  
File Number: [REDACTED]  
Policy Number: 967618559E  
Patient Name: [REDACTED]

To Whom It May Concern:

Dear Ms. Fernandez:

State Farm Mutual Automobile Insurance Company hereby responds to the civil remedy notice filed by MSP Recovery 7/29/2021. The CRN purports to relate to claims for medical treatment of State Farm insured [REDACTED] who also was enrolled in a Medicare plan and/ or Medicaid plan. The CRN alleges that the Insured was involved in an accident and that Health First Health Plans, Inc. serviced or administered and paid for medical expenses related to the accident and assigned recovery rights to MSP Recovery Claims Series 44, LLC.

The reasons for the notice are set forth as claim denial, claim delay, unsatisfactory settlement offer, and unfair trade practice.

The notice asserts the following violations:

**Not attempting in good faith to settle claims when, under all the circumstances, it could and should have done so, had it acted fairly and honestly toward its insured and with due regard for her or his interests.**

**Insurer did not honor the assignment of benefits and pay according to the terms of the insurance contract and controlling statutory provision**

**Insurer failed to review, negotiate in good faith, and settle a valid Medicare lien.**

No other information is provided.

Page 2

August 5, 2021

As an initial matter, we point out that the CRN is legally deficient under section 624.155, Florida Statutes, and its implementing rules, in numerous respects:

1. The notice fails to identify the "person or persons representing the insurer who are most responsible for/knowledgeable of the facts giving rise to the allegations" in the notice.
2. The notice fails to recite or refer to the actual policy language in the subject policy. Indeed, no policy language is identified in the notice.
3. The notice fails to identify any specific bill purportedly not properly paid.
4. The notice fails to identify the amounts allegedly due under a State Farm insurance policy so that State Farm could cure the alleged violations and avoid unnecessary litigation.
5. The notice fails to state the facts and circumstances giving rise to the alleged violations with the specificity as required by the statute. Section 624.155, Florida Statutes, requires that the facts and circumstances giving rise to the alleged violations be stated "with specificity." The intended purpose of the CRN is to give the insurer notice of what it has done wrong and provide it an opportunity to correct the circumstances and thereby cure any alleged violations. The CRN does not comply with these statutory requirements. Accordingly, it fails to inform State Farm what it could do to cure the alleged violations if it wanted to do so, thereby defeating the purpose of the notice and cure provisions in the statutes.

The failure to provide the required specificity makes it impossible for State Farm to evaluate whether a claim has ever been presented to State Farm or to assess the validity of any such claim, still less to evaluate any alleged mishandling or statutory violations by State Farm for civil remedies purported to be raised by the notice.

In addition, although your notice asserts that MSP Recovery is the valid assignee of claims assigned by a Medicare and/or Medicaid plan, the notice provides no information that would allow State Farm to assess the validity of that assertion. To assert a claim, including for civil remedies, MSP Recovery must show that it has a valid assignment from an MAO, Medicaid Care Organization ("MCO"), or first-tier, or downstream entity.

Without any additional information that would allow State Farm to further assess the validity of the notice, State Farm specifically and expressly denies the allegations alleged in the CRN and affirms that at all time, State Farm acted in good faith and fairly and honestly toward providers and its insureds. It is State Farm's policy to pay all claims that it properly owes.

This response is not intended to be all-inclusive of the deficiencies in the notice. State Farm reserves the right to raise additional deficiencies in the notice, if, and when, such might become appropriate. For example, some claims may be barred by the applicable statute of limitations, the MSP Act's one-year claims-filing provision, or the exhaustion of benefits under the policy. Medicaid claims likewise may be barred or limited by the Florida Agency for Health Care Administration's contracts with MCOs.

In light of all the legal deficiencies in the notice, if you believe State Farm has actually mishandled a claim, State Farm requests that you file a new or amended CRN that complies with all the specificity requirements of the statute and would allow State Farm an opportunity to cure if any mishandling of a claim or violations actually occurred.



Page 3  
August 5, 2021

We trust that this fully responds to the CRN you filed. If you have any questions about this response to the CRN, please contact PIP/MPC Team Manager, Bill Ponder. State Farm will advise the Department of Financial Services via its website that this response has been provided.

If you have questions or need assistance, call us at (844) 292-8615 Ext. 8633182827.

Sincerely,

Bill Ponder  
Team Manager  
(844) 292-8615 Ext. 8633182827  
Fax: (844) 218-1140

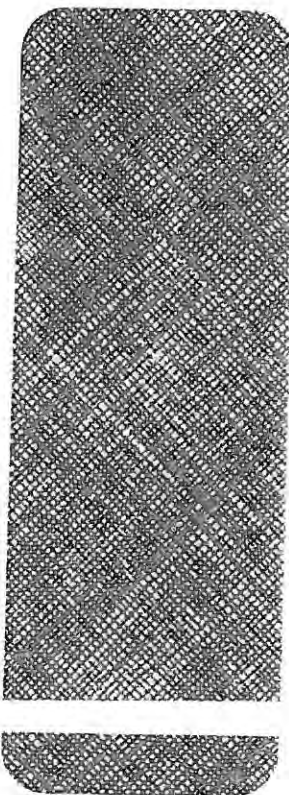
State Farm Mutual Automobile Insurance Company



Auto PIP AI - PIP/MPC  
P.O. Box 106134  
Atlanta, GA 30348-6134

PRESORTED FIRST CLASS

FIRST-CLASS MAIL  
AUTO  
U.S. Postage Paid  
Lincoln, NE  
STATE FARM



166-3801.2-AT 10-20-2014

011 GADBP1 3G134





**FLORIDA**  
DEPARTMENT OF  
**FINANCIAL SERVICES**

### Civil Remedy Notice of Insurer Violations

Filing Number: [REDACTED]

Filing Accepted: **7/29/2021**

Warning! Information submitted as part of this civil remedy notice is a public record. Data entered into this form will be displayed on the DFS website for public review. Please DO NOT enter Social Security Numbers, personal medical information, personal financial information or any other information you do not want available for public review.

- ☒ The submitter hereby states that this notice is given in order to perfect the rights of the person(s) damaged to pursue civil remedies authorized by Section 624.155, Florida Statutes.

#### Complainant

Name: **MSP RECOVERY**  
Street Address: **2701 S LE JEUNE ROAD 11TH FLOOR**  
City, State Zip: **CORAL GABLES, FL 33134**  
Email Address: **CIVILREMEDY@MSPRECOVERY.COM**  
Complainant Type: **Other**

#### Insured

Name: [REDACTED]  
Policy #: **9676185-A31-59E-4**  
Claim #: [REDACTED]

#### Attorney

Name: **MSP RECOVERY**  
Street Address: **2701 S LE JEUNE ROAD 11TH FLOOR**  
City, State Zip: **CORAL GABLES, FL 33134**  
Email Address: **CIVILREMEDY@MSPRECOVERY.COM**

#### Notice Against

Insurer Type: **Authorized Insurer**  
Name: **STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY**

Please identify the person or persons representing the insurer who are most responsible for/knowledgeable of the facts giving rise to the allegations in this notice.

**MSP RECOVERY**

Type of Insurance: **Auto**



FLORIDA  
DEPARTMENT OF  
FINANCIAL SERVICES

## Civil Remedy Notice of Insurer Violations

Filing Number: [REDACTED]

### Reason for Notice

Reasons for Notice:

**Claim Denial**

**Claim Delay**

**Unsatisfactory Settlement Offer**

**Unfair Trade Practice**

**PURSUANT TO SECTION 624.155, F.S.** please indicate all statutory provisions alleged to have been violated.

**624.155(1)(b)(1)** Not attempting in good faith to settle claims when, under all the circumstances, it could and should have done so, had it acted fairly and honestly toward its insured and with due regard for her or his interests.

Reference to specific policy language that is relevant to the violation, if any. If the person bringing the civil action is a third party claimant, she or he shall not be required to reference the specific policy language if the authorized insurer has not provided a copy of the policy to the third party claimant pursuant to written request.

On January 11, 2017, [REDACTED] that was enrolled in a Medicare plan which was serviced or administered by Health First Health Plans, Inc., was involved in an accident. Health First Health Plans, Inc. paid for medical expenses related to the accident and assigned those recovery rights to MSP Recovery Claims Series 44, LLC

To enable the insurer to investigate and resolve your claim, describe the facts and circumstances giving rise to the insurer's violation as you understand them at this time.

**Insurer did not honor the assignment of benefits and pay according to the terms of the insurance contract and controlling statutory provision. Insurer failed to review, negotiate in good faith, and settle a valid Medicare lien.**

### Comments

User Id	Date Added	Comment



ORIGIN ID: JDMA (305) 614-2222  
 SANDRA RODRIGUEZ  
 MSP RECOVERY  
 2701 S. LE JEUNE ROAD, 10TH FLOOR  
 CORAL GABLES, FL 33134  
 UNITED STATES US

SHIP DATE: 07 JAN 22  
 ACTWGT: 2.00 LB  
 CAD: 250205027/NET 4400  
 BILL SENDER

TO INSURANCE CLAIMS DEPARTMENT  
 STATE FARM INSURANCE COMPANY  
 ONE STATE FARM PLAZA

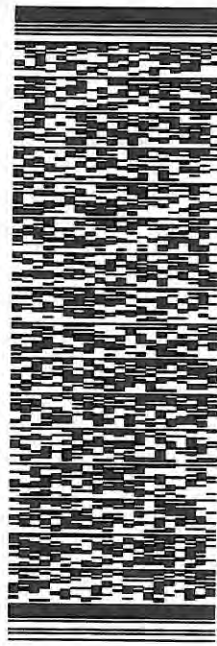
BLOOMINGTON IL 61710

PO INV (877) 734-2265

REF: MULTIPLE DEMANDMENT LETTERS

PO

DEPT



TRK# 7756 8956 9130

MON - 10 JAN 10:30A  
 PRIORITY OVERNIGHT  
 DSR

XN BMIA

IL-US 61710  
 BMI



**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

56DJ201EF/FE4A

# **EXHIBIT D**



*Providing Insurance and Financial Services  
Home Office, Bloomington, IL*



January 24, 2022

Msp Recovery  
2701 S Le Jeune Rd FL 11th  
Coral Gables FL 33134-5809

**State Farm Claims**  
PO Box 106134  
Atlanta GA 30348-6134

RE: Claim Number: [REDACTED]  
Date of Loss: January 11, 2017  
Our Insured: [REDACTED]

[REDACTED] It May Concern:

Please allow this letter to confirm receipt of your correspondence dated 01/07/22 for the above captioned loss and the treatment provided to [REDACTED] by Msp Recovery on date(s) of service (DOS) 01/11/17 . Please note that this claim involves our policy language.

Upon review, your demand letter is deficient as it fails to meet the strict requirements outlined in F.S. §627.736(10). The statute requires all demand letters to state with specificity certain information relating to treatment provided, including by example an itemized statement specifying each exact amount, date of treatment, service or accommodation, the type of benefit claimed to be due, and a copy of the assignment of rights to the claim.

The ledger and/or copies of the bills that you submitted with your correspondence lists all charges incurred instead of providing an itemization of those charges claimed to be due as required by statute.

Pursuant to the Third DCA ruling Rivera vs. State Farm Mutual Automobile Insurance Company, in order for an insured's pre-suit demand letter to comply with F.S. §627.736, it must provide the exact information listed in the statute. Because your demand letter is deficient, State Farm® is unable to evaluate the alleged dispute in consideration of resolution.

Please note that your correspondence fails to strictly comply with Florida Statute 627.736(10), as it fails to include a copy of the Assignment of Benefits.

A review of this claim indicates payment for DOS 01/11/17 was appropriate pursuant to both the terms and conditions of the policy of insurance under which the subject claim is being made, as well as Florida Statute 627.736. Therefore, no additional payment, interest, penalty or postage is due.

Page 2

January 24, 2022

We have received your request for a PIP log. Please be advised pursuant to the Florida PIP Statute 627.736 as well as the court's ruling in Progressive American Insurance Company, et al. v Rural/Metro Corporation of Florida (994 SO. 2d 1202), State Farm® is not required to provide you with a PIP log nor are you entitled to receive same.

State Farm® considers this letter responsive to your demand for payment and the requests therein. Should you disagree with the above, or if you have further questions, please do not hesitate to contact me. We reserve our right to raise any defenses concerning the validity of the demand letter or any other defenses that relate to this claim for No-Fault benefits.

Sincerely,

Angie Greer  
Claim Specialist  
(844) 292-8615 Ext. 8633182967  
Fax: (844) 218-1140

State Farm Mutual Automobile Insurance Company

IN THE COUNTY COURT IN AND  
FOR MIAMI-DADE COUNTY, FLORIDA

CASE NO.: 2022-015610-CC-25

MSP RECOVERY CLAIM SERIES  
44, LLC

PLAINTIFF,

V.

STATE FARM MUTUAL AUTOMOBILE  
INSURANCE COMPANY

DEFENDANT.

\_\_\_\_\_ /

**DEFENDANT'S NOTICE OF COMPLIANCE WITH RULE 2.516(b)(1)**  
**AND DESIGNATION OF E-MAIL ADDRESS**

COMES NOW STATE FARM MUTUAL AUTOMOBILE INSURANCE  
COMPANY, and files this Notice of Designation of Primary Email Address for service of  
pleadings **only** in compliance with Florida Rule of Judicial Administration 2.516 (b) (1). Primary  
email address shall be: [JD-KD@kubickidraper.com](mailto:JD-KD@kubickidraper.com)

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by  
E-mail to: Natalie M. Rico Esq., of Milberg Coleman Bryson Phillips Grossman, PLLC at  
[Nrico@milberg.com](mailto:Nrico@milberg.com), this 1<sup>st</sup> day of July, 2022.

KUBICKI DRAPER  
9100 S. Dadeland Blvd.,  
Suite 1800  
Miami, FL 33156  
Direct Line: 305-982-6708  
[JD-KD@kubickidraper.com](mailto:JD-KD@kubickidraper.com)

BY: /s/ Jarred S. Dichek

JARRED S. DICHEK  
FL BAR# 15978

IN THE COUNTY COURT IN AND  
FOR MIAMI-DADE COUNTY, FLORIDA

CASE NO.: 2022-015610-CC-25

MSP RECOVERY CLAIM SERIES  
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DEFENDANT.

\_\_\_\_\_ /

**DEMAND FOR JURY TRIAL**

COMES NOW, **STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY**, by and through the undersigned counsel, and hereby pursuant to Fla. Sm. Cl. R. 7.150 and F.R.C.P. 1.430, demands a TRIAL BY JURY ON ALL ISSUES SO TRIABLE AS A MATTER OF RIGHT.

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by E-mail to: Natalie M. Rico Esq., of Milberg Coleman Bryson Phillips Grossman, PLLC at [Nrico@milberg.com](mailto:Nrico@milberg.com), this 1<sup>st</sup> day of July, 2022.

KUBICKI DRAPER  
9100 S. Dadeland Blvd.,  
Suite 1800  
Miami, FL 33156  
Direct Line:305-982-6708  
[JD-KD@kubickidraper.com](mailto:JD-KD@kubickidraper.com)

BY: /s/ Jarred S. Dichek  
JARRED S. DICHEK  
FL BAR# 15978

<input type="checkbox"/> IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT IN AND FOR MIAMI-DADE COUNTY, FLORIDA. <input checked="" type="checkbox"/> IN THE COUNTY COURT IN AND FOR MIAMI-DADE COUNTY, FLORIDA.		
<b>DIVISION</b> <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> DISTRICTS <input type="checkbox"/> OTHER	<b>SUMMONS 20 DAY CORPORATE SERVICE</b> <b>(a) GENERAL FORMS</b>	<b>CASE NUMBER</b> 2022-015610-CC-25
<b>PLAINTIFF(S)</b> MSP Recovery Claims Series 44, LLC	<b>VS. DEFENDANT(S)</b> STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY	<b>SERVICE</b>

**THE STATE OF FLORIDA:**

To Each Sheriff of the State:

**YOU ARE COMMANDED** to serve this summons and copy of the complaint or petition in this action on  
defendant(s): State Farm Mutual Automobile Insurance Company

c/o Chief Financial Office

200 E. Gaines Street

Tallahassee, FL 32399

Each defendant is required to serve written defense to the complaint or petition on  
Plaintiff's Attorney: Natalie M. Rico / Jordan M. Macejka


whose address is: Milberg Coleman Bryson Phillips Grossman, PLLC

2701 S. LeJune Road, 10th Floor

Coral Gables, FL 33134

CLOCK IN

within 20 days " **Except when suit is brought pursuant to s. 768.28, Florida Statutes, if the State of Florida, one of its agencies, or one of its officials or employees sued in his or her official capacity is a defendant, the time to respond shall be 40 days. When suit is brought pursuant to. 768.28, Florida Statutes, the time to respond shall be 30 days.**" after service of this summons on that defendant, exclusive of the day of service, and to file the original of the defenses with the Clerk of this Clerk Court either before service on Plaintiff's attorney or immediately thereafter. If a defendant fails to do so, a default will be entered against that defendant for the relief demanded in the complaint or petition.

<b>HARVEY RUVIN</b> <b>CLERK of COURTS</b>	33379  DEPUTY CLERK	<b>DATE</b> 6/22/2022
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**AMERICANS WITH DISABILITIES ACT OF 1990**  
**ADA NOTICE**

**"If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Alean Simpkins, the Eleventh Judicial Circuit Court's ADA Coordinator, Lawson E. Thomas Courthouse Center, 175 NW 1<sup>st</sup> Avenue, Suite 2400, Miami, FL 33128; Telephone (305) 349-7175; TDD (305) 349-7174, Email [ADA@jud11.flcourts.org](mailto:ADA@jud11.flcourts.org); or via Fax at (305) 349-7355, at least seven (7) days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than seven (7) days; if you are hearing or voice impaired, call 711."**

IN THE COUNTY COURT IN AND  
FOR MIAMI-DADE COUNTY, FLORIDA

CASE NO.: 2022-015610-CC-25

MSP RECOVERY CLAIM SERIES  
44, LLC

PLAINTIFF,

V.

STATE FARM MUTUAL AUTOMOBILE  
INSURANCE COMPANY

DEFENDANT.

**MOTION FOR EXTENSION OF TIME**  
**TO RESPOND TO PLAINTIFF'S COMPLAINT**

**COMES NOW**, the Defendant **STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY**, hereby files this, its Motion for Extension of Time to Respond to Plaintiff's Complaint, and as grounds therefore would state as follows:

- 1) The undersigned counsel was recently retained as counsel.
- 2) Defendant has not yet been able to secure all of the necessary information to timely and adequately respond to the Complaint.
- 3) Accordingly, the Defendant is herein requesting additional time in order to adequately respond to Plaintiff's Complaint.
- 4) This Motion is not intended to prejudice either party but rather in the interest of justice and to adequately defend the Defendant's interests in this litigation.
- 5) The undersigned shall contact opposing counsel prior to the hearing date in an attempt to secure an agreement regarding this matter and resolve the same without a hearing.

**WHEREFORE**, the Defendant respectfully requests that the foregoing Motion be granted by this Court and that the Court enter an Order allowing the Defendant a 30 day extension to respond to Plaintiff's Complaint.

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by E-mail to: Natalie M. Rico Esq., of Milberg Coleman Bryson Phillips Grossman, PLLC at [Nrico@milberg.com](mailto:Nrico@milberg.com) , this 6<sup>th</sup> day of July, 2022.

KUBICKI DRAPER  
Attorneys for Defendant  
9100 S. Dadeland Blvd., Suite 1800,  
Miami, FL 33156  
Direct Line: (305) 982-6616  
Facsimile: (305) 374-7846  
E-service: [jd-kd@kubickidraper.com](mailto:jd-kd@kubickidraper.com)

BY: /s/ Jarred S. Dichek  
Jarred S. Dichek, Esq.  
Florida Bar No. 15978

IN THE COUNTY COURT IN AND  
FOR MIAMI-DADE COUNTY, FLORIDA

CASE NO.: 2022-015610-CC-25

MSP RECOVERY CLAIM SERIES  
44, LLC

PLAINTIFF,

V.

STATE FARM MUTUAL AUTOMOBILE  
INSURANCE COMPANY

DEFENDANT.

\_\_\_\_\_ /

**NOTICE OF APPEARANCE**

COMES NOW, JARRED S. DICHEK, of the law firm of KUBICKI DRAPER, P.A., and files this, his Notice of Appearance on behalf of Defendant, **STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY**, Individually, in the above styled matter, and requests that copies of all future pleadings and correspondence in this case be directed to his attention.

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by E-mail to: Natalie M. Rico Esq., of Milberg Coleman Bryson Phillips Grossman, PLLC at [Nrico@milberg.com](mailto:Nrico@milberg.com), this 1<sup>st</sup> day of July, 2022.

**KUBICKI DRAPER**

*Attorneys for the Defendant*

9100 S. Dadeland Blvd.,

Suite 1800

Miami, Florida 33156

Direct Line: 305-982-6711

Email: [JD-KD@kubickidraper.com](mailto:JD-KD@kubickidraper.com)

BY: /s/ Jarred S. Dichek

JARRED S. DICHEK, ESQ

Florida Bar No. 15978



IN THE COUNTY COURT IN AND  
FOR MIAMI-DADE COUNTY, FLORIDA

CASE NO.: 2022-015610-CC-25

MSP RECOVERY CLAIM SERIES 44, LLC

PLAINTIFF,

V.

STATE FARM MUTUAL AUTOMOBILE  
INSURANCE COMPANY

DEFENDANT.

\_\_\_\_\_ /

**NOTICE OF APPEARANCE OF CO-COUNSEL AND  
DESIGNATION OF EMAIL ADDRESS**

COMES NOW, Caryn L. Bellus, Esquire of the law firm of KUBICKI DRAPER, and files this, her Notice of Appearance as Co-Counsel on behalf of Defendant, STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY, in the above styled matter, and requests that copies of all future pleadings and correspondence in this case be directed to his attention.

Designation of Primary Email Address for service of pleadings **only** in compliance with Florida Rule of Judicial Administration 2.516; the primary email address will be:

[CB-KD@kubickidraper.com](mailto:CB-KD@kubickidraper.com)

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by E-mail to: Natalie M. Rico Esq., of Milberg Coleman Bryson Phillips Grossman, PLLC at [Nrico@milberg.com](mailto:Nrico@milberg.com), this 13<sup>th</sup> day of July, 2022.

KUBICKI DRAPER, P.A.  
Counsel for Defendant  
9100 S Dadeland Blvd., Suite 1800  
Miami, Florida 33156  
Direct Line: (305) 982-6634  
Facsimile: (305) 374-7846  
E-Service: [cb-kd@kubickidraper.com](mailto:cb-kd@kubickidraper.com)

By: /s/ Caryn L. Bellus, Esq.  
CARYN L. BELLUS, ESQ.  
Florida Bar Number: 060445

IN THE COUNTY COURT IN AND  
FOR MIAMI-DADE COUNTY, FLORIDA

CASE NO.: 2022-015610-CC-25

MSP RECOVERY CLAIM SERIES 44, LLC

PLAINTIFF,

V.

STATE FARM MUTUAL AUTOMOBILE  
INSURANCE COMPANY

DEFENDANT.

\_\_\_\_\_ /

**NOTICE OF APPEARANCE OF CO-COUNSEL AND  
DESIGNATION OF EMAIL ADDRESS**

COMES NOW, Barbara E. Fox, Esquire of the law firm of KUBICKI DRAPER, and files this, her Notice of Appearance as Co-Counsel on behalf of Defendant, STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY, in the above styled matter, and requests that copies of all future pleadings and correspondence in this case be directed to his attention.

Designation of Primary Email Address for service of pleadings **only** in compliance with Florida Rule of Judicial Administration 2.516; the primary email address will be:

[BF-KD@kubickidraper.com](mailto:BF-KD@kubickidraper.com)

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by E-mail to: Natalie M. Rico Esq., of Milberg Coleman Bryson Phillips Grossman, PLLC at [Nrico@milberg.com](mailto:Nrico@milberg.com), this 13<sup>th</sup> day of July, 2022.

KUBICKI DRAPER, P.A.  
Counsel for Defendant  
9100 S Dadeland Blvd., Suite 1800  
Miami, Florida 33156  
Direct Line: (305) 982-6634  
Facsimile: (305) 374-7846  
E-Service: [bf-kd@kubickidraper.com](mailto:bf-kd@kubickidraper.com)

By: /s/ Barbara Fox  
BARBARA E. FOX, ESQ.  
Florida Bar Number: 155608

CHIEF FINANCIAL OFFICER  
JIMMY PATRONIS  
STATE OF FLORIDA

MSP RECOVERY CLAIMS SERIES 44, LLC

PLAINTIFF(S)

VS.

STATE FARM MUTUAL AUTOMOBILE  
INSURANCE COMPANY

DEFENDANT(S)

SUMMONS, COMPLAINT, CIVIL COVER SHEET

**CASE #:** 2022-015610-CC-25  
**COURT:** ELEVENTH JUDICIAL CIRCUIT COURT  
**COUNTY:** MIAMI-DADE  
**DFS-SOP #:** 22-000207761

## **NOTICE OF SERVICE OF PROCESS**

NOTICE IS HEREBY GIVEN of acceptance of Service of Process by the Chief Financial Officer of the State of Florida. Said process was received in my office by ELECTRONIC DELIVERY on Friday, June 17, 2022 and a copy was forwarded by ELECTRONIC DELIVERY on Tuesday, June 21, 2022 to the designated agent for the named entity as shown below.

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY  
LYNETTE COLEMAN  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**\*Our office will only serve the initial process(Summons and Complaint) or Subpoena and is not responsible for transmittal of any subsequent filings, pleadings, or documents unless otherwise ordered by the Court pursuant to Florida Rules of Civil Procedure, Rule #1.080**



Jimmy Patronis  
Chief Financial Officer

JOHN H. RUIZ  
FLORIDA BAR LAWYER  
MSP RECOVERY LAW FIRM  
2701 S. LEJEUNE RD., 10TH FLOOR  
MIAMI, FL 33134

KS1

<input type="checkbox"/> IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT IN AND FOR MIAMI-DADE COUNTY, FLORIDA. <input checked="" type="checkbox"/> IN THE COUNTY COURT IN AND FOR MIAMI-DADE COUNTY, FLORIDA.		
<b>DIVISION</b> <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> DISTRICTS <input type="checkbox"/> OTHER	<b>SUMMONS 20 DAY CORPORATE SERVICE</b> <b>(a) GENERAL FORMS</b>	<b>CASE NUMBER</b> 2022-015610-CC-25
<b>PLAINTIFF(S)</b> MSP Recovery Claims Series 44, LLC	<b>VS. DEFENDANT(S)</b> STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY	<b>SERVICE</b>

**THE STATE OF FLORIDA:**

To Each Sheriff of the State:

**YOU ARE COMMANDED** to serve this summons and copy of the complaint or petition in this action on  
defendant(s): State Farm Mutual Automobile Insurance Company

c/o Chief Financial Office

200 E. Gaines Street

Tallahassee, FL 32399

Each defendant is required to serve written defense to the complaint or petition on

Plaintiff's Attorney: Natalie M. Rico / Jordan M. Macejka

whose address is: Milberg Coleman Bryson Phillips Grossman, PLLC

2701 S. LeJune Road, 10th Floor

Coral Gables, FL 33134

CLOCK IN

within 20 days " **Except when suit is brought pursuant to s. 768.28, Florida Statutes, if the State of Florida, one of its agencies, or one of its officials or employees sued in his or her official capacity is a defendant, the time to respond shall be 40 days. When suit is brought pursuant to. 768.28, Florida Statutes, the time to respond shall be 30 days.**" after service of this summons on that defendant , exclusive of the day of service, and to file the original of the defenses with the Clerk of this Clerk Court either before service on Plaintiff's attorney or immediately thereafter. If a defendant fails to do so, a default will be entered against that defendant for the relief demanded in the complaint or petition.

<b>HARVEY RUVIN</b> <b>CLERK of COURTS</b>	DEPUTY CLERK	DATE
---	--------------	------

**AMERICANS WITH DISABILITIES ACT OF 1990**  
**ADA NOTICE**

**"If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Alean Simpkins, the Eleventh Judicial Circuit Court's ADA Coordinator, Lawson E. Thomas Courthouse Center, 175 NW 1<sup>st</sup> Avenue, Suite 2400, Miami, FL 33128; Telephone (305) 349-7175; TDD (305) 349-7174, Email [ADA@jud11.flcourts.org](mailto:ADA@jud11.flcourts.org); or via Fax at (305) 349-7355, at least seven (7) days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than seven (7) days; if you are hearing or voice impaired, call 711."**

**IN THE COUNTY COURT OF THE ELEVENTH JUDICIAL  
CIRCUIT IN AND FOR MIAMI-DADE COUNTY, FLORIDA**

CASE NO: 2022-015610-CC-25

SECTION: CG02

JUDGE: Elijah A. Levitt

**MSP Recovery Claims Series 44, LLC**

Plaintiff(s) / Petitioner(s)

vs.

**State Farm Mutual Automobile Insurance Company**

Defendant(s) / Respondent(s)

\_\_\_\_\_ /

**UNIFORM CASE MANAGEMENT ORDER SETTING PRETRIAL DEADLINES AND  
RELATED REQUIREMENTS (GENERAL PATHWAY - COUNTY CIVIL PROCEDURE  
CASES)**

PLAINTIFF SHALL SERVE THIS ORDER UPON A DEFENDANT WITHIN 10 DAYS OF  
ANY FILING BY THAT DEFENDANT.

ALL PARTIES MUST READ CAREFULLY AS STRICT COMPLIANCE IS MANDATORY.

In compliance with the mandatory requirements of governing Administrative Orders regarding case management, the Court hereby ORDERS as follows:

1. Attorneys are professionally obligated to diligently litigate the case so litigation can conclude as soon as it is reasonably and justly possible. See Florida Rule of General Practice and Judicial Administration 2.545. The specific pretrial deadlines and requirements set forth herein shall be strictly enforced by the Court. Non-compliance with any part of this Order may result in sanctions including, but not limited to, striking of pleadings, monetary sanctions, waiver and/or default. It is on the parties to promptly and timely schedule hearings on filed motions.
2. The deadlines contained in this Order cannot be waived or extended by stipulation of the parties and remain in effect unless the Court grants an enlargement. A motion seeking an enlargement of a particular deadline shall specify detailed reasons for the enlargement and the amount of time requested.
3. In the event parties are unable to coordinate any non-dispositive and non-evidentiary hearing, deposition, or motion within a reasonable period of time (not less than 72 hours) and after 3 documented attempts, the moving party shall unilaterally set the issue for hearing pursuant to divisional instructions to occur no less than 14 days and no more than 45 days after the third attempt.

4. SETTLEMENT: Counsel shall immediately notify the Court in the event of settlement and submit a Stipulation of Settlement and Order of Dismissal. Counsel shall also notify the Court of any pending hearings that will be cancelled as a result of the settlement.
5. SERVICE: Plaintiffs shall serve their actions promptly by **October 14, 2022** and in compliance with Florida Rule of Civil Procedure 1.070. Service issues shall be addressed promptly and with diligence. No extensions pursuant to Florida Rule of Civil Procedure 1.070 shall be granted without specific proof of diligent effort to effect service and a written explanation of what efforts the Plaintiff intends to pursue to effect service successfully, with proposed deadlines. No extension to serve a defendant beyond **January 11, 2023** shall be allowed.
6. The following litigation deadlines are set:
  - a. ADDITION OF ANY NEW PARTIES shall occur by **December 12, 2022**.
  - b. FACT WITNESS LIST shall be filed by **April 12, 2023**. The fact witnesses shall be in alphabetical order and contain the names and addresses of all non-expert witnesses. Only those witnesses listed shall be permitted to testify without leave of Court. All witness lists shall include a brief description of the substance and scope of the testimony to be elicited. Within 30 days of discovering previously unknown witnesses, either party may seek leave of Court to amend their submissions, disclosures, or discovery obligations.
  - c. EXHIBIT LIST shall be filed by **April 12, 2023**. The Exhibit List shall disclose a list of all documentary and physical evidence intended to be used at trial. Each item shall be specifically described and listed by number and description. Generic descriptions of exhibits are subject to being stricken. All listed exhibits shall have been made available to opposing counsel for examination, initialing, and copying. Parties shall timely amend their exhibit list.
  - d. EXPERT WITNESSES shall be disclosed by **June 11, 2023** with the names and addresses of all the expert witnesses to be called at trial and all information regarding expert testimony that is required by Rule 1.280(b)(5)(A). This includes disclosing the expert's area of expertise and serving a copy of each expert's reports or answers to expert interrogatories, if a report was prepared and/or expert interrogatories propounded. Each party is limited to one expert per specialty. No other expert testimony shall be permitted at trial.
  - e. FACT AND EXPERT DISCOVERY, including all inspections, depositions, and examinations, shall be completed no later than **November 7, 2023**. Written discovery shall be served no later than **October 4, 2023**. The parties shall timely coordinate the scheduling and setting of depositions for all witnesses and/or parties they intend to depose.
  - f. MOTIONS FOR SUMMARY JUDGMENT and DAUBERT MOTIONS shall be filed by **August 10, 2023** and heard no later than **November 7, 2023**.
  - g. OBJECTIONS TO PLEADINGS AND ALL OTHER PRETRIAL MOTIONS, except

for motions in limine, shall be filed by **September 9, 2023** and heard no later than **November 7, 2023**. Any motion not filed and heard prior to the expiration of this deadline may be deemed waived or denied absent extraordinary circumstances which could not have been prudently anticipated, or by order of the Court entered prior to the expiration of the applicable time limitation.

h. MEDIATION: Parties are hereby referred to mandatory mediation, which shall be completed no later than **November 7, 2023**. The parties shall comply with Florida Rules Civil Procedure 1.700, 1.710, 1.720, 1.730, and 1.750 as to the conduct of mediation. Plaintiff's counsel is appointed lead counsel to facilitate, mutually coordinate and schedule the mediation conference. Costs of mediation shall be borne equally by both parties. Failure to mediate in good faith may result in the imposition of monetary sanctions.

7. TRIAL: The projected date of trial is **December 7, 2023**. A firm trial date will be ordered by the Court when the case is at issue pursuant to Florida Rule of Civil Procedure 1.440. The parties shall do all things reasonable and necessary to assure the availability of their witnesses for the entire trial period or to otherwise preserve their testimony for trial as provided by the Florida Rules of Civil Procedure. Failure to do so will not be grounds for a continuance.

8. JOINT PRETRIAL STIPULATION: A Joint Pretrial Stipulation shall be filed by all parties (via counsel of record) no later than **November 7, 2023**. All parties shall cooperate in good faith in preparation of the Joint Pretrial Stipulation. Unilateral pretrial stipulations will not be accepted. The single, unified submission shall contain the following information in separately numbered paragraphs or sections:

a. Stipulated Statement of Facts: A list of those facts that can be stipulated to and require no proof at the trial, together with a concise, impartial statement of the facts of the case.

b. Statements of Disputed Law & Fact: Those issues of law and fact that are to be tried.

c. Witness Lists: Parties shall attach the witness lists filed consistent with Paragraph 6b. and 6d. of this Order, including all rebuttal or impeachment witnesses. If any party objects to any witness, such objections shall be stated in the Stipulation, setting forth the grounds with specificity. At trial, all parties shall be strictly limited to witnesses properly and timely disclosed.

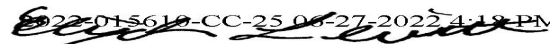
d. Exhibit Lists: Counsel shall initial each other party's exhibit list and exhibits consistent with Paragraph 6c. of this Order. If any party objects to the introduction of any such exhibit, such objection shall be stated in the Stipulation, setting forth the grounds with specificity. Parties shall attach the final, initialed exhibit lists with objections. Only those exhibits listed and initialed may be offered in evidence.

e. Jury Instructions: If the trial is a jury trial, counsel shall identify and attach all agreed upon standard instructions and all special instructions. Any disputed jury instructions shall be attached and identified as to the party that proposed the instruction, along with copies of supporting case law.



- f. Verdict Forms: If the trial is a jury trial, the proposed jury verdict forms shall be attached and designated as agreed to or disputed.
- g. Motions in Limine: Each party shall make any anticipated motion(s) in limine indicating all stipulations/agreed items and any motion(s) in limine requiring a Court ruling.
- h. Trial Estimate: Each party shall provide an estimate of the number of days for trial.
- i. Daubert issues: All Daubert issues involving any requests for Daubert-related evidence shall be in writing. Failure to do so shall constitute a waiver of any Daubert-related evidence issue.
- j. Other issues: The parties shall list any other issue that could potentially take up unnecessary time during the trial to facilitate the resolution of those matters prior to the trial date.

**DONE** and **ORDERED** in Chambers at Miami-Dade County, Florida on this 27th day of June, 2022.

2022-015610-CC-25 06-27-2022 4:18 PM

2022-015610-CC-25 06-27-2022 4:18 PM

Hon. Elijah A. Levitt

**COUNTY COURT JUDGE**

Electronically Signed

No Further Judicial Action Required on **THIS MOTION**

CLERK TO **RECLOSE** CASE IF POST JUDGMENT

**Electronically Served:**

Jordan M. Macejka, jmacejka@milberg.com

Jordan M. Macejka, MCBPG\_service@firmspro.com

Natalie Marie Rico, nrco@milberg.com

Natalie Marie Rico, amkamanga@milberg.com

Natalie Marie Rico, tlancaster@milberg.com

**Physically Served:**